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ABSTRACT

This volume contains abstracts of 60 publications related to the prevention and control of Acquired Immune Deficiency Syndrome (AIDS). It was prepared in response to the needs of countries in Asia and the Pacific that wish to introduce AIDS education. The documents abstracted were published between 1985 and 1989 and are grouped into seven sections: (1) general information on AIDS; (2) AIDS prevention in schools; (3) personnel training for AIDS prevention and education programs; (4) care and management of AIDS patients and those at risk; (5) AIDS information for specific groups--women, children, teenagers, employers, and mass media workers; (6) ethical, moral, and legal aspects of AIDS; and (7) World Health Organization guidelines on AIDS prevention and control. Included is information on medical aspects of AIDS, curriculum guides, educational strategies, and program development and implementation guidelines. (IAH)

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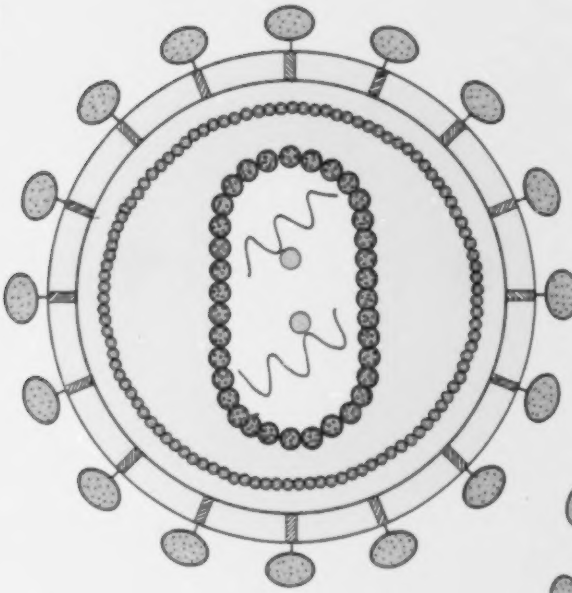

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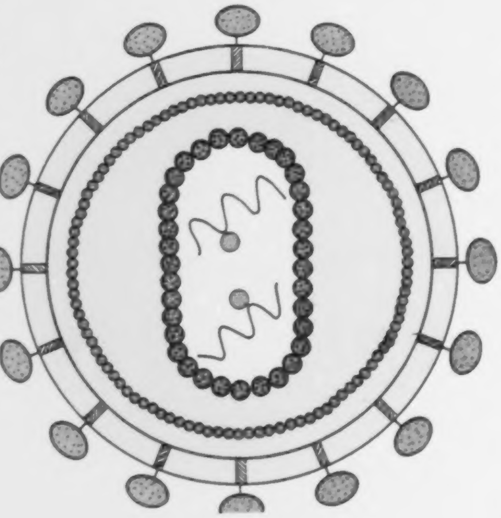

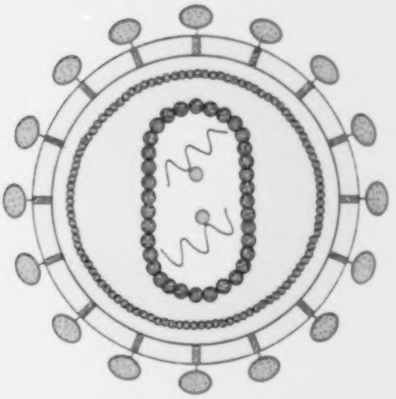

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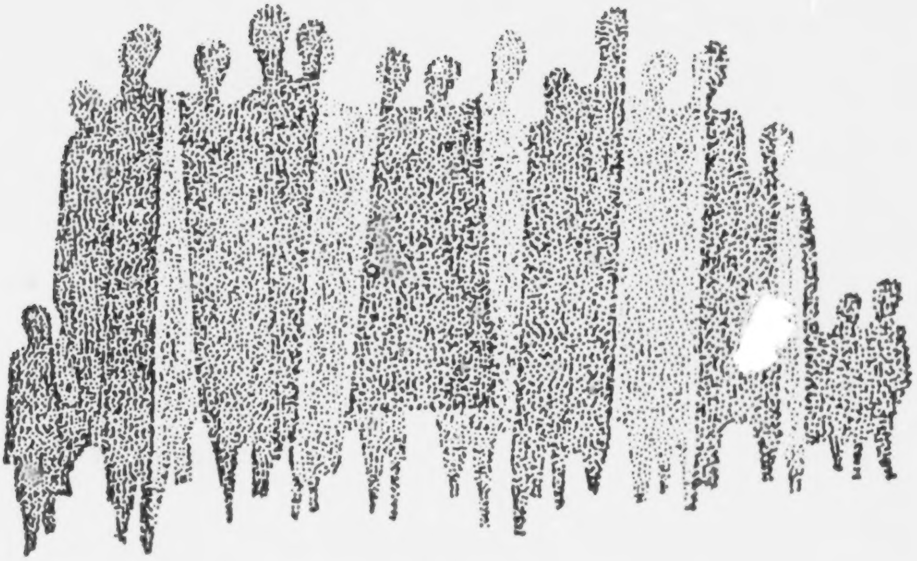

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INTRODUCTION

This issue is the tenth in a series of abstract-bibliographies dealing with issues and problems raised by population education professionals who are undertaking population education programmes. This tenth series is addressed to the issue of education for the prevention and control of AIDS.

There is no doubt that the AIDS pandemic has arrived in this region of the world. Asia and the Pacific, a vast expanse with close to half of the total world population has only had, up to 1988, a very small percentage of local AIDS cases. As of March 1989, only about 1 per cent (1,624 cases) have been reported from 29 countries in Asia and the Pacific. In Asia, 22 countries have reported a total of 324 cases, including 97 reported by Japan. Many of these cases are linked to persons who have been in areas where AIDS is more prevalent. In the Pacific, six countries have reported a total of 1,280 cases of which nearly all were reported from Australia (1,168) or New Zealand (100). A total of 28 cases were reported from Southeast Asia and 178 from the Eastern Mediterranean Region of WHO.

Aside from Australia and New Zealand, where AIDS cases were reported in homosexual men and IV[1] drug users beginning in the early 1980s, most of the Asian and Pacific countries did not begin to report AIDS cases until about the mid-1980s. Initially, all of the early AIDS cases were in persons who had likely acquired their HIV infection in other parts of the world or had sexual or needle sharing contact with persons from areas where AIDS was prevalent. In addition, a large proportion of HIV infections and subsequent AIDS cases have been among recipients of HIV infected blood or blood products obtained from other areas. However, at the present time there is growing evidence that the HIV/AIDS pandemic has reached all major areas in Asia and the Pacific. Indigenous transmission of HIV has been documented in most large urban areas of Asia and the Pacific countries. In general, the HIV prevalence rates are still very low compared to other areas such as the Americas, Africa and Eastern Europe. However, the prevalence of HIV infections is beginning to steadily increase in persons with multiple sexual partners such as sex industry workers and men who have multiple male sex partners. In Bangkok, Thailand where there are an estimated 80,000 IV drug users, there has been recorded a marked increase of the HIV seroprevalence rate from about 1 or 2 per cent in early 1988 to over 40 per cent in late 1988. The potential for significant spread of HIV infection among persons with HIV risk behaviour exists in many of the Asian/Pacific countries and poses a major challenge to public health programmes in these countries.

But what is deadlier than all these figures is that AIDS is deadly, there is no cure for it and there is no vaccine against the human immunodeficiency virus (HIV) which causes AIDS. It has now been recognized that the prevention of AIDS cannot be left to medical personnel alone. Until there is a cure or vaccine against AIDS, the only measure to prevent AIDS is through education. Education works to prevent spread of AIDS by altering the behaviour through which the virus is transmitted. Because AIDS cannot be contained by medical means such as a vaccine, the youth must be taught how to contain the spread of the virus through their own activity. Behaviour can be changed if people are told which of their activities increase the probability of catching AIDS and are told of safe alternatives. Because HIV infection is transmitted by means of only a few specific types of behaviour, a prime goal of education about AIDS is to modify or eliminate such behaviour.

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[1] IV stands for intravenous.

One of the most important target audiences of an AIDS education programme are the young people who constitute a potential resource for the prevention of HIV and STD infection. About 30 per cent of the world's population is between 10 to 24 years old. Worldwide, many adolescents aged 15 to 19 and young adults 20 to 24 have syphilis and gonorrhoea. Chlamydial infections and the incurable viral sexually transmitted disease (STD) are also an increasingly important cause of morbidity in young people. In addition, at least one-fifth of all people with AIDS are in their twenties and most are likely to have become infected with HIV as adolescents.

Because adolescence is a period of profound physical and psychological change, many of them embark on experimentation with many types of behaviours, some of which may be dangerous. Not only do they experiment on sexual behaviour, but also try injectable drugs which cause transmission of HIV infection.

A large number of adolescents can be reached in schools. Information, values and skills conveyed in schools can have a considerable impact upon the lives of the youth. Educational systems should fully inform young people about HIV/STD infection, transmission and prevention and help them to develop the skills to act on their knowledge and communicate it to others. Specifically, education programmes must help them maintain healthy behaviour and change or avoid behaviour that puts themselves or others at risk.

In other words, effective AIDS education is not only a simple matter of giving out health information. While accurate information is essential, young people also need the opportunity to develop skills in making responsible decisions about their own sexual behaviour. AIDS education should enable each individual to clarify his values, to assume new life-styles if necessary, to raise questions about the responsibility people should have toward others, and thus be able to combat the AIDS threat through responsible behaviour.

Another goal of educational activities is to stop AIDS-related discrimination. Such negative actions as employment discrimination and controversy over attendance of school children with AIDS are the result of unfounded fears about the transmission of AIDS through casual contact. Education can serve as a key tool to allay fears about AIDS by providing accurate information and clarifying misconceptions. Education should be able to replace the atmosphere of hysteria, blaming and irrational fear with rational information that will result in a level-headed attitude about the disease.

Because of these discrimination, hysteria and fear as well as the social, political, psychological and ethical/moral implications which the AIDS epidemic has generated, an effective AIDS education must be presented within a programme that provides a broader understanding of human relationships, within social and cultural contexts that provide for a discussion of the social and moral dilemmas raised by the pandemic.

Most of the countries in the region have seen a need to educate the young in schools about AIDS. Many of these countries however lack the know-how for introducing AIDS prevention education in schools. Programmatic issues such as those covering the goals and objectives of an AIDS preventive education programme, curriculum development, staffing, training, evaluation need to be examined and elaborated upon. This issue on education for the prevention and control of AIDS was prepared by the Population Education Clearing House in response to these needs by countries to introduce AIDS education.

This series abstracts 60 publications grouped under seven sections, namely, (i) general information about AIDS; (ii) AIDS prevention education in schools; (iii) personnel training for AIDS prevention and education programmes; (iv) care and management of AIDS patients and those at risk; (v) AIDS information for specific groups; (vi) ethical, moral and legal aspects of AIDS and (vii) WHO guidelines on AIDS prevention and control. It should be noted that this abstract-bibliography does not only attempt to provide the readers and the educational authorities with information regarding the planning and implementation of educational strategies for the prevention and control of AIDS and personnel training but also include other kinds of information that is aimed at building a strong basic foundation on the knowledge of AIDS as a disease. AIDS is a new disease and educators need not only gain a mastery of knowledge about the history, epidemiology, virology and medical or clinical aspects of AIDS but more importantly should be well-conversant about its social, moral, ethical and legal dimensions to be able to situate the teaching of AIDS in a most humanitarian context. Most importantly, because AIDS subject is a controversial one which has led to hysteria, fear, confusions, and misconceptions, this series includes a section on WHO policy guidelines which provide not only proper directions to those engaged in designing and implementing AIDS prevention and control programmes but cast enlightenment on the more accurate and scientific way of dealing with the various aspects of the disease in the classroom.

The entries in this series include most of the documents in the growing collection on AIDS information in the Unesco Population Education Clearing House. The entries included here are those which have been published from 1985 to 1989 but the majority of the documents were published between 1987 and 1988. Because of the fast occurrences of new developments in this field, some of the information contained in 1987 and 1988 publications have become outdated in the 1989 publications. By and large, the selection of materials included in this series represent comprehensiveness, completeness, relevance and covering all points of views regarding the disease. It will serve a most complete and useful reference for educators who would like to upgrade their knowledge on all dimensions of teaching about AIDS.

Under each of the seven sections, the entries are arranged alphabetically by author, institution or other main entries. The general format includes a list of descriptors which are derived from the Unesco thesaurus, Macrothesaurus, IBE and the ASERC and the addresses of the sources of these material. A subject index is also included at the end of the series to allow users access to the content from the other entry points. The abstracts are lengthy enough to give the reader not only the main issues but also major ideas and conclusions arrived at. The documents abstracted here include books, manuals, guides, handbooks, curriculum materials, essays, guidebook, and WHO documents.

Section One: General information on AIDS

Seven abstracts comprised this section. Intended for the general public and lay readers, the seven selections cover the entire gamut of medical or clinical, epidemiological, virologic, social, ethical, care and management, economic and humanitarian dimensions of AIDS. All seven selections devote chapters or sections on the following aspects of AIDS: definition of AIDS; immunology of AIDS or how the AIDS virus attacks the immune system; virology of AIDS or the description of HIV or AIDS virus; history of AIDS and discovery of HIV; prevalence of AIDS cases and HIV-infected population; the clinical and epidemiological spectrum of AIDS such as the pattern of transmission or spread of AIDS epidemic throughout the world; what causes the spread and how it is not spread, symptoms and signs of AIDS, incubation period of AIDS, life expectancy of an AIDS patient, opportunistic infections of AIDS and description of risk groups. They also include chapters on surveillance or tests; the various treatments and drugs tested and therapy for AIDS; efforts at discovering a vaccine; prevention of AIDS virus transmission; care and management of AIDS patients and those at risk including the spiritual, psychological, social and religious issues related to AIDS. Two selections cover in detail the efforts adopted by the United Nations agencies and governments in the fight against AIDS.

While all of the seven selections cover all of the above-topics in their discussion of AIDS, a few of them provide more focus on and comprehensive analysis of a particular aspect or dimension. The book entitled, "AIDS: humanity's gravest challenge" is the first book on AIDS to be written in India and focuses on how the United Nations Agencies have taken up the challenge and developed global programmes for AIDS prevention and control. It also devotes chapters on the actions taken by selected countries like France, Uganda, Britain and India in fighting the AIDS pandemic. Although most of the chapters discuss the various dimensions of AIDS in general terms, India's experiences are brought to bear by incorporating short citations of the latest AIDS situations in India into some chapters. "AIDS and the Third World" is the only publication which discusses the role of education in the prevention of the spread of AIDS. Based on the many educational campaigns undertaken by different countries to prevent the transmission of AIDS, the book enumerates the many lessons that can be learned from these campaigns. It also highlights more the economic, ethical and humanitarian issues related to AIDS. The most updated of the seven selections, this document provides the most recent trends, developments and statistics regarding the AIDS pandemic. The publication, "The AIDS file: what we need to know about AIDS now!" puts emphasis on the history of sexual revolution which caused the runaway increase in sexually transmitted diseases and traces how the changes in the nature of sexual relationships have made any perfectly respectable and socially acceptable sexual relationship vulnerable to AIDS virus infection as well. This book also includes more and lengthy chapters on the discussion of the immune system, how it works, where immunity comes from, the different types of blood cells, antigens and antibodies and how the AIDS virus attacks the white blood cells. The book "AIDS: the facts" includes interesting chapters on the history and discovery of the HIV. It cites many researchers who claimed that the original source of HIV was an African monkey and that AIDS cases was existent in Central Africa a decade or two before the first U.S. cases were detected. This book also narrates the years of fighting between Dr. Luc Montagnier of France and Dr. Robert Gallo of the United States in claiming first discovery of HIV. While almost all of the selections pinpoint to Central Africa as the source of the AIDS virus, most of them admit that this is speculative. In fact, the book, "AIDS: facts and issues" states that "there is no evidence to implicate a racial or ethnic predisposition and suggestions of contributing factors in Haitian culture are merely speculative". While one book is convinced that the AIDS virus originated from the green monkeys, another book states that wild monkeys do carry a virus, but the indications are that this virus is not the parent of the human AIDS virus, whose origins remain as obscure as ever".

Another bone of contention which is dealt within the seven selections is the pattern of spread of the AIDS virus. While one selection predicts with a fair amount of certainty that heterosexual transmission of AIDS virus will not become significant as anal intercourse remains the easiest way to pass AIDS along sexually, the other selections point out that heterosexual transmission is steadily taking hold together with perinatal transmission. The book states that once heterosexual transmission becomes a real factor, AIDS has a destructive potential greater than that of bubonic plague. The difference, it points out is that the impact of AIDS will take much longer to show up; decades instead of years. And the book added, as women in their child-bearing years become infected with HIV, more societies have to grapple with the medical and human tragedies of babies born with the virus, most of whom will die before their second birthday.

Another significant issue discussed in these selections and which merit highlighting in this review is related to the extent of development of the virus into full-blown AIDS. Majority of the selections present a careful projection that once a virus has gained entry into that person's body, there is a 20 to 50 per cent chance that the infection will advance to AIDS itself. The book, AIDS and the Third World" contends that by mid-1988, the medical consensus had substantially altered. It is now recognized that few of those infected with HIV escape harmful effects; and the appearance of harmful effects is increasingly recognized as a prelude to eventual AIDS.

Another dissimilarity among the selections lie in their treatment of how AIDS virus is transmitted. While indeed all of them identify that the HIV can be transmitted through sexual contact, injection of needles, through blood transfusion and blood products, and through perinatal transmission or infected mothers giving birth to infected babies, these selections differ in identifying other possible routes of transmission. For example, while most of the selections rule out absolutely the transmission of the AIDS virus by breastfeeding, saliva or tears, wet or intimate kissing, sharing of tooth brushes and razors, etc., three of these selections do not rule out such possibilities and issue guidelines which include indulging only in dry kissing, avoiding sharing of tooth brushes or razors, going into precautions before dental care, and mouth-to-mouth resuscitation, use of gloves and protective eyewear. One book states that the AIDS virus is not as powerful as the public seems to believe and it does not spread easily at all. This book gives an example: "if you draw one cubic centimetre of AIDS infected blood and put it into a swimming pool containing 24,000 gallons of water, and then extract one cubic centimetre of water from that pool and inject it into a chimpanzee, the chimpanzee will not get infected at all. On the other hand, the same amount of water infected with Hepatitis B will immediately infect the chimpanzee". On the other hand, some of the selections document some rare cases of infection from non-conventional means. Examples include a mother who contracted the virus after taking care of her son who had AIDS since she never wore protective gloves and did not wash her hands after contact with the boy's secretions; an infected three-year-old boy who transmitted it to his older brother, apparently from a bite. It is claimed that the AIDS virus is very fragile and out of the blood circulation, does not thrive and dies easily.

Other than the above differences, the seven selections agree on the other points: definition of AIDS, the virology of the HIV, symptoms and signs of AIDS, cofactors in the development of AIDS, tests, treatments and vaccines, care and management, and the ethical and humanitarian dimensions of AIDS. The seven books abstracted are all meant for the general public, to allow the readers the opportunity to review the facts in full rather than as presented by the public media. While one or two books can sound moralistic and speculative, majority of the books provide very informative and intelligent analysis of the AIDS problem. They provide good basic reference materials for educationalists in developing better understanding and grasp of the various dimensions of AIDS, providing them with basic facts and information which they can use in teaching about AIDS.

Section Two: AIDS prevention education in schools

This section deals with how schools can develop educational programmes to teach young people about how to avoid HIV infection and other sexually transmitted diseases and what materials, contents and methodologies can be utilized to carry out its teaching in the classroom. Thirteen selections comprised this section. Four of the 13 selections deal with programme development. The first selection describes Unesco's plan of action in collaboration with the WHO in its global fight against AIDS. Unesco's twin goals in its educational programme for the prevention of AIDS cover the civic and health aspects. With regard to its health aspect, it is aimed that the educational programme will enable each individual, through improved access to information about AIDS, its consequences, modes of transmission and means of prevention, to work out a responsible mode of behaviour for him or herself and for the community. Its civic goal states that since AIDS is an ambiguous social phenomenon, the threat to human rights and freedoms resulting from certain unjustified attitudes towards those suffering or presumed to be suffering from the illness must be clarified. The paper on Unesco's programme sets the tone and direction for countries who are planning to introduce educational programme for the prevention of AIDS: do not only teach the facts and the medical aspects of AIDS and HIV transmission; the human, social and moral dilemmas raised by the pandemic should equally receive emphasis. Effective AIDS education is not a simple matter of giving out health information. It should enable the young people to develop their skills in making responsible decisions about their own sexual behaviour.

While this selection presents the strategies for developing a global educational programme on AIDS, the other three selections focus on the strategies and guidelines for the establishment of educational programmes to prevent AIDS at the school level. These three abstracts are directed towards senior educational authorities or policy-makers and those who are responsible for programme development. They provide a framework for the development of structured, sequenced and school-based approaches to the problem of AIDS/STD. Specifically, they provide guidelines which should be considered by persons who are responsible for planning and implementing appropriate and effective strategies to teach young people how to learn the facts about AIDS and how to avoid HIV infection. All of the three abstracts cover more or less similar guidelines. These guidelines cover the areas of goals and objectives of the programme; consideration of existing traditions, beliefs and values of the community; ensuring broad participation by involving parents, community, leaders, educators, teachers, students in all stages of development and implementation of the programme; and formulation of strategies that will ensure acceptance of the programme. The guidelines also take into account some curriculum issues such as what subject areas AIDS education should be introduced into; for whom and what grade level; what contents are appropriate; and what teaching style and methods are most suitable. Issues on training, i.e., who should be trained, on what areas they should be trained, etc.; staffing (who should teach), and criteria for evaluation and monitoring are also covered in the guidelines. One selection claims that many of the AIDS prevention programmes for youth which have been initiated in schools do little more than teach young people the biomedical aspects of the disease and ignore important behavioural messages. It strongly recommends that AIDS education programmes should emphasize that sexuality is a positive aspect of life and that genital activity is only one aspect of sexual behaviours. All of the other selections recognize this necessity, some explicitly and others implicitly.

The rest of the nine selections provide the readers with the actual strategies and tools for teaching about AIDS in the classroom. These materials include booklets, resource guides, teaching curriculum and packets for the use of secondary school students, educators, teachers, curriculum developers and trainers. All nine selections cover the medical/clinical, epidemiological, biological, moral, humanitarian, cultural, care and management aspects of AIDS. Five selections are more heavy on the clinical/epidemiological aspects: what AIDS is, its history, transmission of HIV, biology of HIV, patterns of spread, incidence and cases, risk groups, tests, care and management, predictions about the spread of HIV, treatment and vaccine. Four selections, although carrying basic information on the above-mentioned topics, place more emphasis on issues that are more relevant in influencing behavioural actions of students. These include values, responsibility, decision-making, communication, ethical, social and moral aspects and sexuality. For example, these materials include role play which put characters in a situation where they have to show how to deal with HIV-infected persons and those with AIDS; where a boy contemplates to have sex with his girlfriend and how a girlfriend is able to say "no"; where the roles of teenagers and parents are acted out in a discussion about STD/AIDS and sexuality; where the role of teachers and students are played out with regard to their reacting or behaving towards an infected classmate; and an evaluation of responses to AIDS reported in the press. In addition to this particular focus, some of the materials provide more concrete advices and instructions which teen-agers will find practical: such as what they will do when they discover they have AIDS/STD, how to visit an STD clinic and how to get help. This is further reinforced by guidelines on how to prevent STDs, how to use condom and how to say "no". Some selections also give precautions on how not to share needles or how to clean needles. Teachers too are obliged to welcome private discussions about the student's life styles and recommend safer sex activities.

The information and teaching/learning activities are presented in various formats. Three materials present the information and learning activities through loose factsheets and information sheets. Each factsheet or information sheet contains the factual input or text on a particular aspect of AIDS followed by discussion and a set of activities which the teachers can use to involve the students in the learning situations. These factsheets and information sheets serve as a resource bank where materials can be drawn on and modified. Since they come in loose and separate sheets, they are easily handled and updated. Another set of three materials consist of two parts: the first part provides guidelines on how to introduce AIDS education into the school curriculum, how to use the material and gives tips to teachers on the teaching of AIDS prevention. The second part consists of teaching units or lesson plans. Each lesson plan suggests specific activities for teaching. It provides guidelines for the teachers with regard to target group, objectives, prerequisite, time, utilization, materials needed, activities and worksheets. Some lesson plans are given in outline form while others contain the factual input in the form of information sheets and some students' worksheets. One of these selections, divides the contents into teacher keys and students activity worksheets which the teachers can readily use as reproductive masters or overhead transparencies. The other two selections come in the form of guides which are more text-oriented. They come in chapters discussing the various clinical, epidemiological, social and moral aspects of AIDS after which some few questions are raised at the end of each chapter for discussion. The last selection is derived from a booklet which is more of a background reading aid rather than an activity-oriented material.

Majority of the materials provide as many tools as possible which the teachers can use in promoting an effective, activity-oriented teaching. Two of them include pamphlets, mini posters and charts which can be used as visual aids. The majority include glossaries and suggested terminologies which teachers can use to avoid controversial undertone or explicit language. To gauge students' knowledge before and after the lesson, pre-tests and post-tests and evaluation questions are found in all the materials. Appendices are also very rich source of teaching aids. They consist of additional papers, articles, guidelines, policies on the various aspects of AIDS and most importantly, almost always include lists of reference centres, addresses and telephone numbers which the teachers and students can contact for help or for more information.

Section Three: Personnel training for AIDS prevention and education programmes

Six abstracts comprised this section. One is a handbook for those involved in training on HIV and AIDS and this covers any person engaged in training. Another is a guide for teacher training in the teaching of AIDS in the schools. Two are training manuals for health care professionals and guidance counsellors while the last two selections abstract training manuals for those who manage an AIDS Hotline and for those who give lectures or talks on AIDS respectively. Because of the variety of target users addressed by the training materials abstracted in this section, the objectives also differ considerably. The training guide for teacher trainers is aimed at providing guidelines and a framework for organizing a training workshop to develop knowledge and skills of teachers in helping young people learn the facts about AIDS/STD and to make mature decisions that will lead to reduced risks for themselves and others. Another manual has been written for those who would like to train others and who wish to widen their repertoire of ideas, methods and materials in the training work they already do on AIDS. Two materials for health care professionals offer guidelines, information and techniques that will be helpful in providing care and developing treatment-care plans for IV drug users and alcoholics with AIDS. It also enable the health care workers and guidance counsellors to explore and probe some of their attitude, fears and anxieties about AIDS and how these affect their care and management of patients with AIDS. One selection provides tips and techniques for training volunteers on an AIDS hotline. It abstracts a manual which is used in organizing a two-day training to train volunteers in answering phone calls from persons who are interested in getting information on all aspects of AIDS. The last selection abstracts a manual which provides sample outlines and strategies for presenting talks on the most important topics confronting the AIDS educator.

Because of the wide range of objectives and target audiences which these training materials are addressed to, the contents also differ in their emphases. First and foremost, these materials are concerned with developing the skills of these various professionals in undertaking their respective jobs, i.e., teaching, training, care and management, responding to telephone inquiries about AIDS and presenting lectures or talks about AIDS. The training manual for speakers and lecturers present some ground rules to follow in presenting a speech or lecture and ten easy steps to consider in completing a speaking engagement. It also gives guidelines as to what type of information should be presented to different types of audiences. To enable the lecturer or speaker to present a well-researched and interesting presentation, the manual contains a listing of audio-visual aids which he/she can use and information on various aspects of AIDS extracted from the most current and reputable research. The manual for AIDS Hotline volunteers is aimed at developing their skills in using the phone effectively, in using the TDD machine to communicate with the hearing impaired, talk easily and professionally about sex and health-related concerns. It gives guidelines on how to talk to a minority caller, how to give directions on how to clean the needle properly or advise how to give up drug use, etc.

With regard to the two manuals for health care professionals, while one is meant to raise awareness of health care workers about the AIDS problem and provides opportunity for exploring and probing some of the attitudes, fears and anxieties about AIDS to enable them to deal and care for their AIDS patients effectively, the other provides guidelines or techniques to health care workers on how to cope with AIDS patients who are also drug users and alcoholics. It provides better understanding on how drugs, alcohol and AIDS are linked and how alcohol and drug abuse interfere with the medical treatment of AIDS and the treatments for this. This manual also presents various care plans for dealing with eight key groups of patients, namely, the "Worried well", seropositives, patients with AID-Related Complex (ARC), patients with a diagnosis of AIDS, gay and bisexual patients, family members with an HIV-related diagnosis, women patients and ethnic minority patients. The two manuals for training trainers also differ in their emphasis. While the first one provides the teacher trainers with guidelines on how to plan, design and organize a teacher training workshop and thus contains practical suggestions on how this training workshop can be carried out day by day including a demonstration teaching, the other manual contains more exercises on group dynamics, exploring feelings, values, prejudices and attitudes about AIDS and sex, communicating about sexuality and negotiating safer sex and exercises which enable participants to explore feelings about living with uncertainties and risks.

Despite this wide spectrum of emphases regarding the contents of these six training manuals, some commonalities among all of them can be identified. All of them are also aimed at improving the users' knowledge about the basic facts on AIDS; thus a chapter or section on the clinical, epidemiological, historical, moral, ethical and social aspects of AIDS is always given. As trainers and communicators, the materials try to develop their skills in talking easily and comfortably about sexuality and other related topics. Thirdly, all of the manuals attempt at making the trainers, the teachers, the speaker and the health care workers in opening up, exploring and examining their own feelings, attitudes, values, prejudices and fears about AIDS and sexuality so that they can work more effectively in dealing with the emotive issues raised by AIDS and sexuality.

The training manuals and handbooks come in many formats. Two manuals are more textual than the others. They present various aspects on AIDS and training issues in information sheets after which questions at the end serve as springboard for discussion. They also carry guidelines, rules and regulations. On the other hand, three training materials are more activity-oriented. Although they also include sets of guidelines and rules, they are basically structured so that the trainees are engaged in exercises and activities throughout the training period. The trainees are explained the rationale, objectives and concepts of the exercise and are then given a set of instructions or steps on how to go about doing the exercises. The last format makes sole use of the guidelines and instructions on how to use the visual aids for speaking or what points to make in presenting a particular topic. In undertaking these various exercises and activities, a great variety of training methods and tools are employed, ranging from simulations, role play, discussions, reading, group dynamics to making use of audio-visual aids. All the training manuals also include appendices which by themselves are rich source of training aids and reference materials. These appendices include evaluation questionnaires, evaluation questions to determine effectiveness of training programmes and manuals, names and addresses of organizations one can go for help and additional information, guidelines and policy statements on various aspects of AIDS, resources and glossaries.

Section Four: Care and management of AIDS patients and those at risk

The seven publications abstracted in this section are not only addressed to health care professionals and the AIDS patients, but also to those who are at risk, their family, friends, and relatives. Care and management of AIDS patients are not only the sole responsibility of the public health and medical professionals but also the AIDS patient himself, and the other care givers like family members, friends and community who provide the moral and psychological support as well. One manual meant for health care workers, educators and counsellors is designed to help gay men better understand what health is and how to maintain it; to evaluate their personal risk for contracting AIDS; to decide what changes, if any, can be made in key aspects of their life which affect their health and to learn a process for implementing change. Another manual is addressed to any group leader who can organize workshops to help people at risk for AIDS manage their stresses. Another comprehensive manual is addressed to those exposed to the AIDS virus, diagnosed with AIDS symptoms, worried about AIDS and grieving for those who have been diagnosed with the disease, presenting information which will help these groups learn as much as possible about AIDS epidemic and to help them better care for themselves. Meant solely for AIDS patients, one booklet provides detailed information about the opportunistic infection that affect the AIDS patient. A special type of health care workers called mental health professionals are also an important target group as far as care and management of AIDS patients is concerned. One guide is addressed to them, which provides them with information and tools on how to deal with those diagnosed with AIDS or ARC, those who are considering taking the HIV antibody test or who has been tested positive or those who are grieving over a loved one's death from AIDs. The last selection is aimed not only at those who are suffering but also for the adolescents, family members and friends. The variety and range of people involved in the care and management of AIDS patients and those at risk cannot underestimate the importance of social and moral support in facing the challenges of AIDS. Playing a preventive role, two key aspects of social involvement are necessary to support health: adequate number of contacts with other people and the quality of interactions and the degree of satisfaction one derives from them.

Based on a variety of groups that could be engaged in the care and management of AIDS patients and those at risk, the seven selections present a wide array of strategies and techniques which could be used for providing the best care possible. The health manual for gays is aimed at giving this high-risk group the tools for establishing a personal health plan to minimize the risk of exposure or exposing others to the AIDS virus and to strengthen the body's defenses against the disease. It introduces a four-step planning process for formulating a personal health plan in the following activities: sexual activities such as adoption of safer sex; stress and health such as the management of stress; substance use such as breaking out of dependency on substance use; social support such as mobilizing social support backed up by resources of community and exercise and fitness. It also provides guidelines for coping with emotions, rage, helpfulness, mourning and loss. One manual focuses on only one aspect of care and management: stress reduction and management. This manual is meant for any group leader who organizes workshops to help people at risk for AIDS understand what stress is and how this affect health, how reactions to change may create stress; how to change harmful thoughts and how to establish a programme to manage stress effectively. The strategies used in stress management include group dynamics, problem-solving and relaxation exercises. This manual is based on the premises that decreasing unnecessary stress and anxiety about AIDS will allow people to make clearer and better decisions based on necessary concerns for their health; and that stress might be a cofactor in contracting AIDS and through stress management skills, the immune responses might actually be strengthened. Another publication which focuses only on one aspect of care and management is a booklet meant for AIDS patients. It provides detailed information about the various opportunitistic infection that affect the AIDS patients. Very medical oriented, the booklet describes in detail the cause, symptoms and treatment of each of the opportunistic infection.

The last three manuals cover a more well rounded approach to care and management of AIDS, though their emphasis might be different. Two publications are basically meant for self-care while one is addressed to mental health professionals. The book on "Coping with AIDS: facts and fears" deals more in discussing the basic facts about AIDS rather than giving strategies for care and management. Some pointers on how to cope and deal with stresses are only touched upon in the last few chapters of the book. On the other hand, the other self-care publication devotes only the first chapter to the basic facts about AIDS and allocates nine chapters to the various aspects of care and management of AIDS. It covers the socio-psychological perspective which deals with various aspects of the needs of a person with AIDS, the family, the friends, the workplace and the social implication of youth and children at risk. It also discusses the therapeutic perspective which offers alternative approaches to AIDS wellness. The socio-sexual perspective is discussed in the light of safer sex practices. A self-care perspective offers practical and useful home care guidelines as wll as nutrition, hygiene, dental care and symptom management. In addition to these, the following aspects are also covered: practical perspective, i.e., helps the person with AIDS to take care of business; spiritual perspective which offers a thoughtful assessment of spiritual issues and needs; and healing perspective which offers life enhancing acceptance and love in the very face of death. The third document provides mental health problems common among persons already exposed and infected by HIV. It discusses AIDS in various groups such as women, ethnic communities, drug users, youth, haemophiliacs, families and friends, emphasizing on mental health issues such as suicide which presents a dilemma for health care providers, treatment of AIDS/ARC patients in the psychiatric unit and the psychiatric and ethical issues in the care of AIDS patients.

From the review and analysis of the seven documents abstracted in this section, it becomes increasingly clear that care and management of AIDS patients and those at risk is much more than a medical crisis. The strategies and techniques elaborated upon by the seven selections certainly have not been limited to the therapeutic treatment. A holistic approach to the care and management of AIDS patients is the key element in these books. This includes socio-psychological treatment including stress management and reduction; socio-sexual treatment which calls for adoption of safer sex practices and mobilization of social and moral support; self-care treatment, practical, spiritual and healing treatment which take care of both the day-to-day concerns of the AIDS patients as well as their spiritual needs.

Of the seven selections, four abstract manuals or handbooks and three summarize descriptive or textual documents. The four handbooks or manuals provide procedural guidelines in the care and management of AIDS patients and those at risk, two of which contain exercises and assessment activities which provide opportunities for the target groups to apply practical strategies for self-care and treatment. They also provide the health care workers with instructions on group dynamics, how to provide a safe and respectful environment and how to model appropriate group behaviour. All the seven selections include lists of addresses of referral centres and hotlines which can be tapped for additional assistance in counselling and care.

Section Five: AIDS information for specific groups – women, children, teenagers, employers and mass media workers

While the first section abstract materials on AIDS meant for general public and lay readers, this section summarizes eight materials which target AIDS information to a varying spectrum of specific audience groups: women, children, teenagers, employers and mass media workers. Of the eight selections, four are addressed to children, while the other four are each catering specifically to women, teenagers, employer and broadcasters respectively.

In line with the disparate types of specific groups of audiences for which the documents are addressed, the focus of emphasis and the manner in which AIDS is discussed in each of the document abstracted differ widely. Nevertheless, few commonalities can be discerned. One of these commonalities is the inclusion of one or more chapters on the basic facts about AIDS for background information, i.e., history, definition, epidemiology, transmission, prevention, treatment, etc. Another is the presence of a section, either as a chapter or as an appendix on question and answer about some additional issues on AIDS which have not been dealt with thoroughly in the main discussions of the various dimensions of AIDS. Other than these two, the objectives and content orientation follow different pathways. A booklet addressed to teenagers answers the crucial questions young people are asking about AIDS. These main concerns of teenagers include how AIDS virus can and cannot be transmitted; how teen-age girls decide to have sex or not to have sex and what kind of protection they should use against pregnancy and AIDS/STDs. It also advises that no one should be pressured into having sex especially when one is confronted with the accompanying risks. The booklet also shows the five groups who are more susceptible to getting AIDS. While the booklet for teen-agers is preoccupied in convincing the youth about the hazards and risks of entering into sexual relationship or promoting safe sex practices, the book on "Women and AIDS" addresses itself to the many issues and problems faced by women in the increasing incidence of heterosexual transmission of AIDS virus. How can a woman practice safe sex when her male partner refuses to use condom? How can female victims of rape and sexual abuse protect themselves from the risk of infection? Women not only face problems of sexual vulnerability but also of economic discrimination; health care discrimination, isolation, anxieties about the future, children and rejection, effects on self-esteem, sexuality and failure as a mother. The book points out that the real challenge is to recognize the need for safer sexual practices, while insisting on a much broader political struggle against the ways in which the state, the church, the media and men regulate women's lives through control over their sexuality and reproduction.

A completely different book is addressed to the employers and how to deal with AIDS in the workplace. The book stresses that 80 per cent of AIDS patients are working-age adults between 20 and 49 years of age, yet in spite of more than seven years of AIDS problems, fewer than 10 per cent of American businesses have developed policies to deal with the presence of AIDS in the workplace. This book offers a comprehensive approach to managing AIDS in the workplace – its impact on health benefits, insurance coverage, employee assistance and public relations. It recommends to the employers five steps to a planned approach to formulating policies and programmes on AIDS for their employees infected with HIV. Throughout, the book stresses two key points: define the needs of the organization in advance of an AIDS crisis on the job and treat AIDS like any other life-threatening situation. From dealing with AIDS in the workplace, this section also abstracts one document which takes AIDS information in the mass media. This guide is meant for distribution to radio broadcasters to serve as a tool for involving the media in the task of informing and educating the public about AIDS. The guide provides materials for use in programmes such as health and magazine shows, question-and-answer programmes, dramas, stories, short talks, public service announcements and spots. Thirteen topics on various aspects of AIDS is dealt with in the materials. They come in two formats – questions and answers and then brief scenario which sets the information within everyday life. These prepackaged materials are ready for use by writers and producers and broadcasters in stories, dramas, dialogues and songs.

The last selections abstract four books addressed to children. Three of these four books have been written for children with AIDS and those infected with HIV, for those aged 8-12 who are free from it but are curious to learn more about AIDS and to every adolescent who has a friend, relative or family member who have contracted the AIDS virus. Written in very simple, non-technical language and in a format that appeals to children, the three books present the various aspects of AIDS disease, e.g., history, causes, transmission, epidemiology, treatment, etc. just like the rest of the materials on AIDS. But unlike the rest of these materials, the content orientation and style of presentation are watered down to match the children's level of interest, understanding and readiness to learn. Two of the books convey basic minimum information on AIDS through stories and anecdotes. These stories and anecdotes serve as springboard for discussing about various aspects of AIDS such as AIDS and infection and the immune system, homosexuality, AIDS and blood transfusion, AIDS and haemophiliac, AIDS and drug abuse, how to live and deal with someone who has AIDS, how to deal with a classmate who is HIV-infected. Some of the stories also shows how to cope and deal with death in the family. One of the books comes in a letter form. Written as a letter to her son, the author conveys the basic facts of AIDS transmission and prevention through a picture book done in crayon and felt tip pen presented with personal touch and warmth. Illustrated with drawings, the book succeeds in visualizing the various basic facts about AIDS. The fourth book, although it is meant to educate young children about AIDS is not for children but for parents, teachers and others who spend time with young children. This practical resource book emphasizes the use of age-appropriate responses to children's questions. Maintaining that children do not need explicit information about AIDS, this book underscores the importance of solid general health education in giving children the tools to understand concepts about disease transmission. Classroom examples are also given in this book to demonstrate effective ways of providing relevant and appropriate AIDS education to young students. This book provides an excellent blueprint to those who are contemplating to establish and AIDS prevention education for young children.

Section Six: Ethical, moral and legal aspects of AIDS

This section comprised of only four abstracts – the least in number among the seven sections but of the most powerful, inspiring and enervating set of books. The AIDS pandemic is not only being fought from the medical side of it, i.e., discovery of a treatment or vaccine, but also battling the discrimination, prejudices and racism that the disease has inevitably heaped upon itself. The epidemic of social, cultural, economic and political reactions to AIDS is as central to the global AIDS challenge as the disease itself. This section looks at the explosion of accusation and blame which are following the advance of the AIDS virus. AIDS has been labelled a "gay disease". It is variously blamed on homosexual men, on drug addicts, on ethnic minorities, on Haitians, on foreign tourists, on prostitutes, and on U.S. seamen. There is a tendency to label the people affected by AIDS according to their sexual, socio-economic, racial or ethnic group, a tendency which has repeatedly interfered with the battle against the disease. Other key elements of the AIDS debate have a similar capacity for arousing inter-racial tensions. Where did the disease first originate? Are some racial groups more susceptible to it than others?

These issues have not only acquired moral overtones but have led to legal battles as well. The rise in homophobia, hysteria and fear about AIDS have led many countries to institute policies and their citizens into behaviour which are prejudicial to the civil rights of those suffering with AIDS. Examples include quarantine and mass firing of gays; mandatory prescreening through antibody test of at-risk population groups by employers and insurance carriers; denial of access to medical treatment and hospital care of AIDS patients; eviction of those infected with HIV and those with AIDS from their houses or apartment; denial of access to schooling by children with HIV-infection and AIDS; mandatory screening of foreign tourists and businessmen, prostitutes and military personnel. Moreover, homophobia, racism and the current climate of antidrug mindlessness put those who speak on behalf of such persons at considerable political and social risk. Without a massive, purposeful, and broadly supported effort by the larger society to rein in or stop its worst irrationality and impulses, the law will surely come to rest heavily upon those who already suffer most. Fortunately, some organized groups have acted very quickly to mobilize the legal system to assist people with AIDS who need legal assistance to defend their civil rights and fight discrimination.

This section, in a way provides to those who are already suffering a most useful tool or weapon to protect themselves from being further oppressed and discriminated upon. Of the four books abstracted in this section, two deal with the ethical and moral aspect (racism, prejudice, blame) while the other two are on the legal aspect. The first book on the legal aspect is a practice manual to assist those in providing legal services to persons with AIDS or ARC and to others experiencing AIDS-related legal problems. The other book is rather for the public. It is meant for whoever has a professional need to come to grips with the legal issues spawned by the AIDS epidemic. While the first one comes in highly technical and legalistic language which are similar to many law books, the latter is written in simple and readable style which will enable the lay reader to understand how the law deals with the many social conflicts generated by AIDS. Except for the style of presentation and the language used, the two books cover the same AIDS- related issues which are vulnerable to legal implications. The two books devote a good chapter on the basic facts about AIDS since the medical aspect of AIDS-related litigation points out that AIDS/related cases often need expert medical testimony on HIV transmission. The paper provides the lawyer and the public with basic knowledge on the virology and epidemiology of HIV and the various ways of testing HIV antibody. The legal aspects concerning AIDS covered in the two books include legal protection, civil rights legislation or laws which: (i) assist an individual with AIDS in asset management and disposition or on how to obtain public benefits, how to employ conservatorship and power of attorney and how to execute wills and testament; (ii) protect employees with AIDS or HIV infection from being discriminated upon and prohibit either AIDS-based discrimination or use of blood tests to screen employees for AIDS and those governing unemployment, health and pension benefits that may limit an employer's discretion; (iii) protect homeseekers the right to live where they choose

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and AIDS patients from being forcibly evicted from their homes; (iv) oblige physicians and hospitals to render care to patients with AIDS and ensure the right to medical treatment, nursing home care and confidentiality; (v) protect high-risk groups from mandatory screening, quarantine or segregation especially in the case of prisoners who have the right to quality medical care and early release; (vi) protect those with AIDS and at risk from disqualification from obtaining insurance coverage, payments and claims; and (vii) ensure gaining entrance or attendance of children with AIDS or HIV infection in the schools. The two books also discuss lengthily about Tort Laws which is a mechanism society uses to discourage individuals from subjecting others to unreasonable risks and to compensate those who have been injured by unreasonably risky behaviour. It is therefore expected that the AIDS epidemic will produce a staggering array of tort litigation, which will likely to occur in the transmission of the virus through sexual activity, transmission through blood products and medical malpractice. Both books are peppered with court cases and illustrative documentation of actual cases to show how legal battles regarding the above AIDS-related cases have been resolved.

The other two books on the ethical and moral aspect of AIDS examine a myriad of issues related to AIDS ranging from racism and prejudice to civil rights versus public health. The first book entitled "Blaming Others" examines how racial and ethnic aspects of AIDS have affected the course of the pandemic so far. It looks at Western responses to AIDS in Africa and African reactions to these views, especially in the media. Drawing heavily on the views of the Third World authors, it describes how dangerously infectious the phenomenon of blaming each other has been. It also describes how African students in India and Europe have been harmed by blame for AIDS. It looks at actions against AIDS taken by various governments worldwide, and suggests that many such measures have been influenced as much by the wish to blame outsiders as by rational public health considerations. It also discusses the spread of HIV and factors which may influence it, the degree of sexual partner-change in various societies and the possibility that some ethnic groups might be genetically more or less susceptible to the AIDS virus. It points out that the "claim" that AIDS virus has evolved from green monkeys from Central Africa have led to irrational episodes of blaming others. The aim of the book is not to critize, but rather to show the dangers of blaming as a reaction to AIDS: not only does it blur the vision of the "blamer", but it endangers those who are singled out for blame, all the while inhibiting AIDS prevention.

The second book presents oposing points of view on various sensitive issues on AIDS. In this book, carefully edited opposing viewpoints are purposely placed back to back to create a running debate. These opposing viewpoints include the following: (i) AIDS is a moral issue versus not a moral issue; (ii) AIDS can be spread by casual contact versus it cannot be spread by casual contact; (iii) need for stronger screening of procedures versus mandatory testing is against human rights; (iv) AIDS education will help prevent AIDS versus it is not education but moral upbringing of children which can help; (v) homosexuality should be banned versus discrimination against gays is interfering with AIDS programme; (vi) civil rights must take priority in controlling AIDS versus civil rights are not as important as public health; (vii)

AIDS virus carriers should versus should not be discriminated against in the workplace. The book also includes three articles which predict that AIDS will transform society's moral, social structure and homosexual lifestyle.

Both books claim that in presenting such sensitive issues, they have endeavoured to be scrupulously non-judgmental. By presenting the different points of views and a range of materials that contain the pros and the cons, they leave it to the readers to judge for themselves. The book on "Blaming Others. . ." indicates that readers must judge for themselves where blame has been maliciously, carelessly or deliberately implied, or where people have dismissed comments as racist when no such slur was intended, or where the charge of racial prejudice has been convenient tool to avoid discussing the real dangers of AIDS. The other book on opposing viewpoints provide opportunities to the readers to develop skills for critical thinking. Some of these skills include evaluating sources of information, separating fact from opinion, identifying stereotypes and recognizing ethnocentrism.

Section Seven: WHO guidelines on AIDS prevention and control

Fifteen selections comprised this section. All of them abstract WHO policy documents which provide criteria and guidelines to policy-making and management of various components of the AIDS prevention and control programme. The World Health Organization which is the lead United Nations Agency responsible for providing leadership in the global programme on the prevention and control of AIDS has been mandated to develop a series of sets of guidelines to serve as international standards by which countries can base the planning and implementation of their strategies and programme. As has been discussed in the previous sections, the AIDS pandemic has generated a fair amount of hysteria, fear and misconceptions which has interfered and deflected vital energies from the battle against the virus. Countries are confused, some are formulating screening and testing policies for example which run counter to human rights; some physicians and hospitals refuse to provide treatment to those with AIDS; or some risk groups are being forcibly subjected to screening. To prevent ignorance and detrimental inconsistencies in policies and strategies, the WHO is continuously releasing documents containing guidelines that can provide proper direction to those engaged in AIDS prevention and control programmes.

Of the 15 selections included in this section, three focus on programme development; three on prevention of transmission; two on screening and testing; two on care and counselling and five on social aspect of AIDS. The three sets of guidelines dealing with programme development include the following: (i) guidelines to assist countries in developing a national AIDS prevention and control programme; (ii) guidelines to develop an epidemiologically based strategy for control of AIDS/HIV in Asia which includes two strategies, epidemiolgical surveillance and identification and management of HIV infected person; and (iii) guidelines which provide the steps, processes, individuals and institutions required to translate national AIDS programme goals into a plan of action for AIDS health promotion and the major requirements for detailing an AIDS health promotion action plan.

The next sets of guidelines deal with prevention of AIDS/HIV transmission through blood transfusion, STD as a risk factor and through sports. Since blood transfusion has been identified as one cause for transmission of HIV, these guidelines guide the physicians in deciding whether the benefits outweigh the risks of undertaking blood transfusion for patients and identify conditions which will determine whether blood transfusion is necessary or not. Recent studies have suggested that STD particularly those which cause genital ulceration may facilitate the transmission of the HIV. This set of guidelines identify further research priorities in this area and the increase in support to STD prevention programmes as well. Finally, sports medicine, practitioners, officials of sports organizations and public health professionals are frequently asked about AIDS and sports activities. To provide guidance on these questions, WHO released a set of consensus statements which state that no evidence exists for a risk of HIV transmission when infected persons engaging in sports have no bleeding wounds or other skin lesions and provide precautionary procedures to undertake prevention of possible infection during sports participation. With regard to screening and testing, two sets of guidelines have been released. The first set deal with screening and testing in AIDS prevention and control programme in general. It defines what screening programmes are, when it should be and should not be undertaken; the limited role of mandatory screening and the role of serosurveys and voluntary HIV testing. The second set of guidelines involves a particular method for monitoring HIV infection trends in population groups called sentinel surveillance. It is claimed that this method may well serve as the backbone of surveillance systems to monitor HIV trends. These guidelines define what it is, its strengths and how it is conducted.

The fourth sets of guidelines provide guidance on care and counselling. The first set provides clear and explicit guide to the precautions needed to prevent the transmission of HIV in health care setting. It gives particular attention to the special skills needed by nurses to care for patients and help them and their families cope with the illness throughout the different phases of the disease. The second set of guidelines show the role of counselling in preventing the spread of HIV through attitudinal and behavioural changes. It defines what counselling is, when the need for counselling arises and procedures for counselling.

The social and ethical/moral aspect of AIDS/HIV is dealt with in five sets of guidelines. These include the following: (i) guidelines to dispel the apprehensions concerning possible public health hazards that could result from neurological, cognitive or behavioural abnormalities occurring in otherwise asymptomatic HIV-1 infected individuals. Since there is no evidence that otherwise healthy HIV-1 infected individuals are more likely to be functionally impaired, denial of access to employment or freedom to engage in everyday activities would represent a violation of human rights and lead to broad and destructive social implications; (ii) guidelines which protect the human rights and dignity of HIV-infected persons in the workplace and the formulation of policies and procedures in the workplace regarding HIV-related issues; (iii) guidelines regarding the screening of international travellers for infection with HIV. It states that no screening programme of international travellers can prevent the introduction and spread of HIV infection. The diversion of resources towards HIV screening of international travellers and away from educational programmes, protection of blood supply and other measures to prevent parenteral and perinatal transmission will be difficult to justify in view of the epidemiological, legal, economic, political, cultural and ethical factors mitigating against adoption of such a policy; (iv) guidelines for partner notification which is the method of identifying, counselling and treating sexual partners of AIDS/HIV patients. It states that partner notification method should respect the human rights and dignity of the partners and should be done on a voluntary and not coercive manner; and finally (v) guidelines regarding the social aspects of AIDS prevention and control programmes. These include two sets of guidelines which state that there is no public health rationale to justify isolation, quarantine or any discriminatory measures based solely on the fact that a person is suspected or known to be HIV-infected and testing for the purpose of determining an individual's HIV-infection status should involve informed consent and counselling and ensure confidentiality.

SECTION 1 – GENERAL INFORMATION ON AIDS

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Daniels, Victor G. *AIDS: questions and answers.* 2nd ed. Cambridge, England, Cambridge Medical Books, 1987. 116 p.

Intended for lay readers, this is a booklet which answers 60 questions regarding the AIDS pandemic. The first opening question inquires about what AIDS stands for and where it first appeared. The next series of questions traces the history of AIDS, i.e., where did AIDS come from, what were the major developments that led to the recognition of AIDS and who can get AIDS and who are the risk groups? After this, the incidence and cases of AIDS infected persons are cited. Since AIDS was first reported in the United States and Britain, it cites how many cases had been identified in these two countries and how many of them have died. It also details the proportion of each of the various risk groups in the total number of AIDS cases in the United States and Britain, how common AIDS is in Europe and the actual numbers of AIDS cases in each country on a million population bases. Then the next series of questions deal with the spread of AIDS. It answers questions on who is monitoring the spread of AIDS, how widespread is the exposure to the AIDS virus, how infectious is AIDS, if Central Africa and elsewhere spread the AIDS virus through heterosexual contact and how AIDS has spread to the children. The booklet also consists of questions which discuss the structure of the AIDS virus showing evidences that AIDS is caused by a transmissible agent, that a virus is involved in the development of AIDS. It also goes into discussing what haemophilia is and why haemophiliacs are at risk of contracting AIDS and how to reduce this risk. The next series of questions deal with how blood transfusion can spread the AIDS virus. The range of questions include how blood clotting factors can be made safer for use, what advice is given to haemophiliacs to help prevent spread of the AIDS virus, if blood donors get AIDS by donating blood, how transfusion of blood or blood products cause AIDS, what the risks are of contracting AIDS from the transfusion of infected blood or blood products, and what options are available to prevent transmission of the AIDS virus by blood transfusion. The next batch of questions centres on the symptoms and manifestations of AIDS. It includes discussions on the incubation period of AIDS, its symptoms, the opportunistic infection, commonest serious infection in AIDS, Kaposi's sarcoma, cofactors of AIDS, the life-expectancy of a patient with AIDS. Then the booklet answers questions on tests and treatment such as a discussion of the blood test for infection by the AIDS virus, whether or not a positive antibody test for the AIDS virus mean the patient has got AIDS, whether or not all donated blood have been tested for the presence of antibody against the AIDS virus. It also goes into a discussion of why it is difficult to make a vaccine that will treat AIDS, how useful is interferon in the treatment of AIDS, whether or not it is possible to treat AIDS and what types of treatment are available for AIDS patients. The last two series of questions focus on guidelines for care and management of AIDS patients and safer sex. The booklet also contains appendices dealing with ten rules to protect the reader and his family against AIDS, a glossary, articles on viruses, immunity and selected bibliography and listing of health resources and travel restrictions on HIV-infected people.

Descriptors: *Historical Aspect; Epidemics; Epidemiology; Human Immunodeficiency Virus; Disease Transmission; Haemophilia; Opportunistic Infections; AIDS Antibody Tests; Medical Care; Primary Health Care; Safe Sex; Reading Materials; General Public; Glossaries; Sources of Resources*

Source:
Cambridge Medical Books
Tracey Hall, Cockburn Street
Cambridge CB1 3NB
United Kingdom

02

Daniels, Victor G. *AIDS: the acquired immune deficiency syndrome.* 2nd ed. Lancaster, MTP Press, 1987. 188 p.

The aim of this book is to provide essential information for all those concerned with AIDS. This includes the members of the general public including those at risk, public health workers and medical personnel, particularly general practitioners. It provides practical and reliable information on AIDS and avoids the sensational aspects of the disease. In this respect, it allow the readers the opportunity to review the facts in full rather than as presented by the public media. The text offers guidance on the complex medical, social and sexual issues surrounding AIDS. The book has been written in a synoptic but readable style and contains many useful lists and tables that provide current information on AIDS. It is not a detailed textbook on the management of AIDS patients, rather it is a comprehensive overview of the present knowledge of all aspects of the disease.

Chapter One starts by discussing the prevalence and spread of the disease in terms of the distribution of the AIDS epidemic throughout the world. It contains numerous tables that serve to summarize the current situation. Chapter Two gives an account of the groups of individuals at risk of contracting AIDS – homosexuals, intravenous drug abusers, transfusion patients, children with AIDS, etc. Each risk group is discussed in full in relation to the relative risks involved in contracting AIDS. Chapter Three presents critical new information on the cause of AIDS – human immunodeficiency virus (HIV). Much of the first part of the chapter is technical and may be passed over quickly. The final sections provide an account of other factors involved in the development of AIDS. Chapter Four provides information on the transmission of the AIDS virus and discusses the various risks of sexual contact and transfer of the virus through blood and blood products. Chapter Five discusses the problem of testing for the AIDS virus (HIV) and what it means in clinical terms to be HIV antibody positive. Recommendations are also provided for individuals with HIV infection. Chapter Six presents information on early symptoms and signs of AIDS and provides descriptions of persistent generalized lymphadenopathy (PGL) and AIDS-related complex (ARC) which are thought to be precursors of full-expressed AIDS. Chapter Seven provides an account of the clinical picture of the disease and includes recent information on the definition of AIDS. Chapter Eight discusses Kaposi's sarcoma in greater depth. Chapter Nine concludes the main text of the book by reviewing the various treatment options available for AIDS, opportunistic infections of AIDS and AIDS-related Kaposi's sarcoma.

The appendices provide essential further information for those who seek amplification of the main text. A general background on viruses is provided to remind readers of the complexities of viral infection. A useful glossary is included in the appendices. There is a comprehensive appendix covering educational resources (pamphlets, books, addresses).

Descriptors: *Epidemics; Epidemiology; High-Risk Groups; Etiology; Disease Transmission; Human Immunodeficiency Virus; Perenteral Transmission; AIDS Antibody Tests; Clinical Aspects; Opportunistic Infections; AIDS Related Complex; General Public; Health Manpower; Medical Care; Primary Health Care; Sources of Resources*

Source:
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101 Philip Drive
Norwell, MA 02061
U.S.A.

03

Gong, Victor and Norman Rudnick, eds. *AIDS: facts and issues.* New Brunswick, Rutgers University Press, 1987. 388 p.

This publication is a comprehensive guide to the numerous problems surrounding AIDS. It offers a broad outlook by examining a range of topics raised by AIDS and by providing focused studies by recognized experts of many complicated issues. The book is an anthology of essays on the medical, social and practical issues surrounding AIDS. These essays are grouped into seven sections. Section One deals with this twentieth-century enigma by providing an overview about AIDS, particularly differentiating between facts and fallacies about AIDS. It also traces how the HIV or AIDS virus was discovered, citing the research work of Dr. Luc Montagnier of France and Dr. Robert Gallo of the United States. Through this discovery and overwhelming serologic, virologic and epidemiologic evidence, it has been confirmed that the AIDS retrovirus, HTLV-III/LAV causes AIDS. Cofactors have also been pointed out to play a part in determining the manifestations of the disease. The second batch of six essays focuses on the clinical spectrum of the syndrome. It goes into the immunology of AIDS, its signs and symptoms, infections of AIDS, and cancers and blood disorders of AIDS. This section states that the immune system is the target of the AIDS virus. When the virus attacks this system, it malfunctions and debilitating diseases and deaths can result. Once the virus enters the body and debilitates the system, the following most common signs and symptoms will manifest: persistent fever or night sweats, severe fatigue, weight loss, swollen glands, oral thrush, persistent diarrhoea, coughing, skin rashes, bleeding and neurological problems. The following essays consider what a virus is, how the body normally defends itself against rival infections and the various viral infections most often associated with AIDS. It also discusses the various parasitic, bacterial and fungal infections which AIDS patients are susceptible to, including cancers and blood disorders. The third section consists of four essays on groups at most risk. These groups include children with AIDS, those who get AIDS from infected blood supply, those who contracted from Haiti and those who have AIDS in prison. This section indicates that increase among male and female intravenous drug abusers and their sex partners have also led to a growing number of children with AIDS. The most common way for a child to contract AIDS is from an infected mother during pregnancy. It also shows how one can get AIDS from blood products. The Haitian link in the spread of disease is discussed. The article states that there is no evidence to implicated a racial or ethnic predisposition and suggestions of contributing factors in Haitian culture are merely speculative.

The fourth section comprises of five essays dealing with society's response to AIDS. It discusses how health professionals, scientists, people infected by HIV and society as a whole have special moral responsibilities with respect to AIDS. It then provides more detailed explanation of how the public health sector can play an important role in the control and eventual eradication of AIDS. It emphasizes the high economic impact of AIDS in the society stating that if the epidemic continues to grow unabated, the expense will soon exceed the limits of contributions by the government and private sector. The legal aspect of AIDS is also discussed comprehensively presenting suggestions for courses of actions to obtain relief. Research on AIDS cure and prevention is dealt with in Section Five. It describes the various prospects for AIDS therapy and vaccine. Section Six consists of six essays dealing with how to cope with AIDS. It provides guidelines on how to care for the AIDS patient, how to prevent AIDS, the psychological and social issues of AIDS and strategies for survival, AIDS and mental health, the spiritual and religions issues of AIDS and how to cope with death and dying. It is emphasized that AIDS patients have many care needs similar to that of other seriously ill persons but because of its transmissibility, it requires heightened awareness and sensitivity on the part of care providers. AIDS patients are forced to make many difficult psychological and social adjustments. It is essential that patients, families and friends avail themselves of the psychological and social support of the community. The last section has two parts. The first enumerates questions and answers about AIDS while the second one lists the health resources, hotlines and referral centres that can be tapped for assistance and support to those with AIDS and their loved ones. It also consists of a glossary, references and sources and an index.

Descriptors: *Historical Aspects; Clinical Aspects; Etiology; Disease Transmission; Children; Medical Research; Social Aspects; Psychological Aspects; Medical Care; Legal Aspects; Medical Treatment; Prophylaxis; AIDS hotlines; Primary Health Care; Glossaries; General Public*

Source:
Rutgers University Press
109 Church Street
New Brunswick, N.J. 08901
U.S.A.

Network Publications
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
U.S.A.

04

Jacobs, George, and Joseph Kerrins. *The AIDS file: what we need to know about AIDS now!* Woods Hole, Cromlech Books, 1987. 128 p.

The AIDS File is a timely contribution to lay literature on AIDS. Lay readers will find the book most accessible, intelligent, unhysterical and concisely informative. The book first present a historical perspective of AIDS, when AIDS came to be discovered and where it came from. It traces how

AIDS was started in Africa and spread to the rest of the world. Then it looks comparatively into the symptoms and manifestations of AIDS and ARC and distinguishes between them. From a description of the AIDS manifestions, the book traces a brief history of sexual revolution which caused the runaway increase in sexually transmitted diseases. It also traces how a monogamous relationship has changed in nature. Whereas formerly it was the custom to marry one once in a lifetime, monogamous marriage now can be a temporary affair. The book then stresses that any sexual relationship exposes each partner to any sexually transmitted viral infections. AIDS can be transmitted unknowingly in the course of a perfectly respectable and socially acceptable sexual relationship.

The book presents some clinical advice to those who decide to start a new relationship. The author suggests using condom and spermicidal foam during the first six months of the relationship. Then provided that the new relationship has been monogamous for both people, blood test can be done which will tell if either person is carrying the AIDS virus. According to the book, six months is important because that is considered to be the longest it takes for blood to show that one has been exposed to the AIDS virus. The book then provides more background by discussing more comprehensively about the immune system, how it works, where immunity comes from, exemplifying allergy as an immune system response. It also examines what is in the blood and stresses the significance of the white blood count, the types and functions of white blood cells such as the B- and T-cells and what antigens and antibodies are. Against this background, the book explains how AIDS virus attack the white blood cells, pointing out that it appears that T8-cells are immune to the AIDS virus. They secrete a substance which inhibits its replication. As long as there are sufficient T8-cells present, an AIDS infected person will remain asymptomatic, that is – not showing any symptoms of AIDS. When the number of T8-cells decreases, AIDS progresses. The book also shows how vaccine has helped suppress other diseases. But with regard to AIDS virus, a vaccine is difficult to discover because HIV, being a weak virus, cannot be studied for long because it has a short life expectancy outside its protective fluids and changes its features or appearance very quickly, causing no end of confusion to a T-cell trying to identify it. The book then identifies the various opportunistic infections that can result from AIDS virus. The next chapter deals with the different tests for AIDS, namely ELISA, the Western Blot test and others. It stresses that the tests show presence of antibodies from the AIDS virus – not whether or not one has AIDS. It also enumerates the various practices that put a person at risk and the capacity to spread AIDS without even realizing it. Ethical considerations are also raised with regard to testing: who should be tested? Will AIDS testing become mandatory for everyone? Who should have the right to know? What are the ethics involved in disclosing a person's AIDS infection? The next chapter deals with the various cures experimented, the difficulties in verifying the success of a vaccine and experiments with AZT which have helped some AIDS patients. Because there has been no cure or vaccine discovered to heal or prevent AIDS, the book recommends prevention in the forms of safe sex, education, following clinical advices especially in taking drugs and blood transfusions. The last two chapters debunk some fallacies about AIDS and present a physician's advice to patients. The book also carries a glossary of terms.

Descriptors: *Historical Aspects; Clinical Aspects; AIDS Antibody Tests; Ethics, Opportunistic Infections; Immune System; Human Immunodeficiency Virus; Prophylaxis; Public Health; Medical Research; Primary Health Care; AIDS Related Complex; Safe Sex; Glossaries; General Public*

Source:
Cromlech Books, Inc.
P.O. Box 145 B
Woods Hole, MA 02543
U.S.A.

05

Khurana, Pushpa. *AIDS: humanity's gravest challenge.* New Delhi, Hind Pocket Books, 1989. 127 p.

The present book on AIDS forms the first in the new series called Public Concerns, which will publish many more titles on a variety of people-oriented subjects one after the other. AIDS is not only a disease, a new and greatly dreaded disease, with no cure todate and none seemingly forthcoming, but also a major public concern for a variety of reasons. Also India's first book on the fast spreading problem, it is equally useful for the layman, specialist and planner. The book is divided into two parts. The first part gives a comprehensive background on the London Declaration on AIDS prevention, the action taken against AIDS under the United Nations leadership, how the World Health Organization (WHO) took up the challenge and developed a global programme on AIDS.

The second part discusses AIDS, what it is, its signs and symptoms, geographical incidence, the role of other factors in its spread, treatment, prevention, the social, psychological and spiritual aspects, behaviour and counselling, AIDS in women, AIDS and the child, AIDS and the traveller, educating groups in AIDS prevention, action against AIDS in various countries and AIDS programme in India. A discussion of AIDS and its definition focuses on the source, the mode of transmission, i.e., transmission by conventional sex, injection needles, by blood transfusion and other blood products and perinatal transmission. The discussion of signs and symptoms are divided into general signs such as lymphodenopathy or swollen glands, unexpected loss of appetite and weight, weakness in the legs, unexplained fever, night sweats, persistent diarrhea and coughing, white patches in the mouth, hairy leukoplakia, shingles and lymphoma, and the specific signs such as pneumocystis Carivii Pneumonia, Cytonegalovirun infection, Candida infection, Crypto-sporidiosis, Cryptococcosis, Toxoplasmosis, Herpes Simplex viruses, Kaposi's Sarcoma and Dementia and Emaciation. The chapter on geographical incidence explains how AIDS spread in Africa, in Haiti, in U.S.A. and Europe, and in Asia particularly in India. The spread of AIDS virus is also facilitated by cofactors, namely, multiple sexual partners, other infections, state of immuno-suppression, duration of infection, age factor, racial factor, heredity, multilating rituals, malnutrition and others. No effective treatment has been found for the immune deficiency caused by HIV and no drug has permanently rid the body of the virus. Instead, treatment consists mainly of fighting the specific infections that take advantage of the immune deficiency. This chapter discusses the various drugs and treatments that are being tried out. The next chapter deals with prevention. It provides guidelines for the prevention of AIDS both at the programmatic and personal levels. It also goes at length in the attempt to discover a vaccine for it. The next chapter discusses the social, psychological and spiritual dimensions of AIDS and how counselling is vital for bringing about behavioural changes that will help to control and prevent AIDS. The next three chapters discuss AIDS in women, in children and among the travellers. It also presents various sets of guidelines in educating women, prostitutes, and gays in AIDS prevention and control. Finally, the last two chapters zero in on actions against AIDS in various countries like France, Uganda, Britain and one whole chapter devoted to India.

Descriptors: *Historical Aspects; Epidemics; Epidemiology; Disease Transmission; Prophylaxis; Medical Care; Clinical Aspects; Social Aspects; Psychological Aspects; Women; Children; High-Risk Groups; Tourists; Counselling; Global Programmes; National Programmes; AIDS Situation; General Public; India*

Source: Hind Pocket Books
C-36, Connaught Place
New Delhi - 110001
India

06

Lagone, John. *AIDS: the facts.* Boston, Little, Brown and Company, 1988. 247 p.

This publication is meant for the general lay readers. It is a comprehensive and balanced analysis of what is known today about the acquired immune deficiency syndrome, what can be done to prevent its spread, and what the prognosis is for the future. The book has 14 chapters. Chapters One and Two define what AIDS is and describe the symptoms of AIDS. These chapters clarify that AIDS virus itself does not kill, nor does it generally cause the various diseases associated with the syndrome; most of the diastrous events are simply the result of the damage to the immune system. Nor does infection with the virus mean that a person has AIDS. It means that the virus has gained entry into that person's body and there is a 20 to 50 per cent chance – some say 75-per cent – that the infection will advance to AIDS itself. It goes on to list down the signs, symptoms and diseases that precede and encompass AIDS. Chapters Three, Four, Five and Six deal with the virology and history of AIDS virus or HIV. Chapter Three describes the features and characteristics of HIV. The AIDS virus is one kind of retrovirus which reverse the ordinary flow of genetic information with a gene that codes for a unique enzyme called reverse transcriptase, whose function is to translate the virus RNA into DNA. This new viral DNA, now called the provirus, is similar to that of the cell it has chosen to invade and because of the similarity, is regarded by the cell as its own genetic material. Inside the host's cell, the provirus can either lay dormant for years or it may reproduce rapidly. This chapter also traces how the AIDS virus was discovered. Dr. Robert Gallo of the United States and Luc Montagnier of France both claimed that they discovered first the virus and this led to years of fighting. The rift ended in March 1987 when President Ronald Reagan and Prime Minister Jacques Chirac announced that researchers from their countries had agreed to share both credit for the discovery of the AIDS virus and patent rights to the blood test; moreover they have agreed to refer to the virus as HIV and to donate most of the royalties from the test to a new foundation for AIDS research and education. Chapter Four traces the history of the AIDS virus claiming that evidence was in fact present in Africa at least a decade or two before the first U.S. cases were detected. Many researches also believe that HTLV-I and HTLV-III were the products of a mutation, and that the original source was an African monkey. How the virus causes infection is in-depthly discussed in Chapter Five. Chapter Six focuses on the speculation that the virus came from the monkeys and elaborates on how the virus went from monkeys to humans. That the virus was plentiful in the African AIDS belt was a given. Researchers had found that one-half to two-thirds of the green monkeys were infected with the simian analogue of the AIDS virus. The animals forage in the garbage dumps and when people try to chase them away, they fight back by biting and scratching. The native also sometimes eat their flesh. How it came out of Africa is documented in the presence of the virus in Southern Japan where Portuguese explorers with African slaves and African monkeys made their initial contact. The AIDS virus, it has been suggested, may have also come by way of Haiti. Chapters seven and eight deal with the spread of AIDS. Chapter Seven discusses how contagious AIDS is by stating that AIDS virus is not as powerful as the public seems to believe, and it is not very contagious. The book exemplifies this by saying that if you draw one cubic centimetre of blood from a person who is infected with AIDS virus into the pool, the virus would not infect a chimp or a human being. But if you dropped the same amount of blood coming from a person infected with Hepatitis B, it will infect a chimp immediately. In order to infect, AIDS virus should enter the bloodstream of the person. With regard to AIDS transmission between men and women, this book states with a fair amount of certainty that even though there is a risk for men and women who have conventional sex with an AIDS-infected partner, the chances that a single, such encounter will result in an infection appear to be quite low in the United States. It says that anal intercourse remains the easiest way to pass AIDS along sexually.

A more in-depth documentation of the spread of AIDS virus in Africa and Haiti is given in Chapter Nine pinpointing the difference in patterns of spread between Africa and the United States. Chapter Ten describes the symptoms of AIDS and ARC and what is known about possible cofactors — secondary variables and predisposing elements that may play a role in the disease. A number of these predisposing elements include duration of infection, environmental agents, genetic influences, a previously comprised immune system and coexistent infection with other viruses or bacteria. Chapters Eleven to Fourteen deal with the prevention and treatment of AIDS. Chapter Eleven documents the many experiments undertaken to discover a treatment for AIDS but ends up by saying that no safe and effective treatment for AIDS can be expected for the next several years and no vaccine can be expected before the next decade. Given this situation, Chapter Twelve recommends some guidelines for the prevention of AIDS. These include the practice of safe sex, terminating a drug habit, and some other general precautions. The best protection against AIDS is careful behaviour but there is danger that this avoidance behaviour may translate into avoidance of those who have AIDS. Chapter Thirteen presents some guidelines on how to deal with people with AIDS and how to prevent the spread of helplessness and emotional shock in those already infected. Finally, Chapter Fourteen discusses the various ways of testing HIV antibody and goes into the ethical aspect of whether AIDS test should be mandatory or not.

Descriptors: *Human Immunodeficiency Virus; AIDS Related Complex; Clinical Aspects; Historical Aspects;*

Epidemiology; Epidemics; Disease Transmission; Prophylaxis; Medical Care; AIDS Antibody Tests; Ethics; General Public

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Waltham, Mass. 02254
U.S.A.

07

Panos Institute. *AIDS and the Third World.* 3rd ed. London, Panos Institute in association with the Norwegian Red Cross, 1988. 198 p. (Panos dossier)

This is a revised edition of the second edition published in March 1987. Since AIDS is a fast-changing field, this third edition has been about 80 per cent rewritten since 1987. It contains updated statistics and most recent trends and developments in various aspects of AIDS pandemic. Since its first and second edition, it has marked some changes or shifts in its previous statements and predictions regarding the pattern of spread of HIV, the participation of more countries in taking systematic actions against the AIDS pandemic, the emergence of AIDS as another disease of disadvantaged and deprivation, the remaining as obscure as ever of the origin of AIDS virus, the shift from 30 to 100 per cent of those who are seropositive with HIV to develop into AIDS, the more optimistic prospect of discovering a vaccine and the increase in denial and blame.

The book contains nine chapters. Chapter One defines what AIDS is, describes the HIV virus and how it attacks the immune system, particularly pointing out the ineffectiveness of antibodies to HIV. Chapter One also explains how blood tests for antibodies can give either false-negative or false-positive results. It explains that by far the greatest problem with false-positive results occurs in the tropics, where hot climates make unintentional bacterial contamination of blood samples more likely. It also makes a link of how HIV can worsen other epidemics such as TB, malaria, leprosy. Although there is no firm evidence that genes could also play a role in determining susceptibility to HIV or AIDS, the book suggests that this possibility should be allowed since to a certain extent genetic make-up, whatever racial group, always influences susceptibility to disease. But the question of whether certain racial groups might be more or less susceptible to AIDS is a highly controversial one. Chapter Two deals with the issue of treatment and care. It starts by citing that while U.S. health authorities still officially estimate that 20 to 30 per cent of seropositive will develop AIDS within five years, recent data have shown that 80 to 90 per cent of all HIV-infected individuals will be adversely affected by the virus over time. Seven years after the diagnosis, there is still no cure for AIDS. But treatment is improving and consists mainly of fighting the symptoms of the opportunistic infection which take advantage of the victim's damaged immune system. The chapter gives the reasons why there are no antiviral drugs which could permanently rid the body of HIV and explains how AZT as treatment for AIDS can be positive. It also discusses the various alternative yet untested and unlicensed drugs that can be used for treating AIDS. Various efforts in discovering a vaccine is also discussed showing why it is difficult to develop a vaccine and the many ethical questions that come with the development and application of a vaccine. Chapter Three deals with the AIDS pandemic, specifically how it was first discovered and how it expanded, citing AIDS cases in various countries of the world. It also discusses the epidemiology of AIDS or the study of the incidence and spread of a disease. It stresses that there are strong indications that a number of countries where the predominant means of transmission of the virus was initially homosexual activity, heterosexual contact is now playing an increasingly important role. Chapter Four provides alternative scenarios of the future of AIDS pandemic. The first scenario is the doomsday scenario which states that AIDS education will not work, that everyone who contracts the virus will die and that no effective treatment or vaccine will be discovered. The second is the business-as-usual scenario which describes the response of many governments to the AIDS crisis: a mixture of denial, indecision and procrastination. The third is the containment scenario spearheaded by WHO and other committed UN agencies and governments. Chapter Five enumerates the various actions for prevention and self protection. These include safer sex, use of condoms and education. This chapter deals lengthily how education can be effective in preventing the spread of AIDS. It describes the various educational campaigns undertaken by various countries and the lessons learnt from these campaigns.

Chapter Six explains why discussions about AIDS and sexual behaviour have become complicated by racial prejudices, acquired moral overtones, of which the main one is the question of blame. Chapter Seven starts by saying that AIDS epidemic is not just an economic burden. It mainly affects, in terms of social and economic development, the most vital segment of the population; adults between 20 and 49 years old. Since AIDS predominantly affects young adults, dependency ratio could rise in hard-hit regions and premature deaths due to the disease will affect national productivity and income. This chapter also deals with AIDS and tourism claiming that the government spends 20 times as much on tourism as it does on AIDS. Chapter Eight describes the international response to the challenge of AIDS pandemic. It details the global programme on AIDS of the World Health Organization and how various governments have joined WHO in this campaign. The last chapter looks at some of the humanitarian issues that have arisen since AIDS was first diagnosed. These issues include calling certain groups as high-risk group which is a misleading label, the ostracism, discrimination and attack that people with HIV or AIDS, their families and friends suffer, AIDS and the workplace, the reactions of health workers, AIDS and quarantine and AIDS testing. It ends by stating that HIV-related discrimination is impairing the nation's ability to limit the spread of the epidemic. The book contains appendices on the global picture on AIDS cases, travel restrictions on AIDS or HIV-infected persons by countries and list of references.

Descriptors: *Human Immunodeficiency Virus; Immune System; Clinical Aspects; Medical Care; Medical Treatment; Vaccines; Epidemics; Epidemiology; Disease Transmission; Prophylaxis; Safe Sex; AIDS Prevention Education; Racial Discrimination; Tourism; Economic Aspects; Tourism Policy; AIDS situation; Global Programmes; Public Health*

Source:
Panos Publications Ltd.
8 Alfred Place
London WC1E 7EB
United Kingdom

SECTION 2 – AIDS PREVENTION EDUCATION IN SCHOOLS

08

International Congress on AIDS in Asia and Other Sexually Transmitted Diseases, 1st, Manila, 24-26 November 1987; *Proceedings*. Manila, Philippine Society for Microbiology and Infectious Diseases, 1988. 176 p.

That the transmission of AIDS can be prevented and that education must constitute an essential part of the Global Strategy for the Prevention and Control of AIDS underscores the participation of Unesco in the world-wide fight against AIDS. Within the framework of the United Nations, the World Health Organization (WHO) has been mandated to lead and co-ordinate control and prevention programmes. But any global approach to the problem must, nevertheless, recognize, the multi-sectoral nature of AIDS. Thus in a health context where prevention and control are the only current viable prospects, it is clear that organizations working in the domains of information, education and communication have a significant role to play. The United Nations Educational, Scientific and Cultural Organization (UNESCO), assists Member States in the initiation and implementation of information, education and communication programmes designed to enhance socio-economic and cultural development and thus improve the quality of individual and collective life. The growing incidence and prevalence of AIDS is a threat to this latter objective. For example, Unesco has undertaken programmes aimed at introducing into the curricula of education and into non-formal education activities interdisciplinary subject-matter relating to questions linked to the quality of life, particularly with regard to health, population and environment and licit and illicit drug abuse prevention. The Unesco plan of action has been developed as an integral part of the WHO Global Strategy. Unesco will collaborate with the WHO in its Global Strategy to devise, initiate, implement, monitor and evaluate AIDS prevention information, education and communication programmes and to render such other financial assistance within the general competence of Unesco as may be called for by WHO and associated Member States.

The goals of the Unesco programme are two fold: civic and health. With regard to its civic goal – as AIDS is an ambiguous social phenomenon, the threat to human rights and freedoms resulting from certain unjustified attitudes towards those suffering or presumed to be suffering from the illness must be clarified. With regard to its health goal, it is stated that each individual, through improved access to information about AIDS, its consequences, modes of transmission and means of prevention, should be able to work out a responsible mode of behaviour for him or herself and for the community. The programme has also three immediate goals, namely, (i) to provide support, within its field of competence to the Global Strategy for the Prevention and Control of AIDS by WHO; (ii) to devise, initiate, implement, monitor and evaluate AIDS preventive programmes within education systems and literacy programmes; (iii) to render technical assistance within its general competence as may be called for by WHO and/or for by Member States at national, regional and international levels. The objectives are also grouped by the location of the activities. Some activities will be undertaken at the national level, while others will take place at the regional and international levels. At the national level, the AIDS education programme will contribute to institutionalizing content and methodology related to AIDS and its prevention within formal educational system's (upper primary, secondary and tertiary) existing curricula and extracurricular programmes. It will also promote the incorporation of components relating to AIDS and its prevention in all appropriate non-formal programmes implemented by Unesco addressed to both young and adult audiences and oriented towards social and economic well-being. At the regional level, the programme will try (i) to create the organizational capacities that will facilitate assistance to national programme in the form of technical advice, research and evaluation; (ii) to provide facilities and capacities which would promote production and dissemination of materials; (iii) to encourage co-operation as well as the sharing of experiences, in particular with regard to educational strategies. Finally, at the international level, the programme will (i) develop strategies and models within education systems and literacy programmes for prevention of HIV infection; (ii) orient, support and harmonize national and regional educational and literacy activities with regard to AIDS; (iii) to promote the training and exchange of personnel working in AIDS prevention and education system; and exchange of personnel working in AIDS prevention and education systems; and (iv) to establish a documentation centre on educational activities with regard to AIDS.

Descriptors: *Epidemiology; Human Immunodeficiency Virus; Drug Abuse; High-Risk Behaviour; Clinical Aspects; Medical Care; Medical Treatment; Sexually Transmitted Disease; Vaccines; AIDS Situation; Legal Aspects; Public Health; Asia; Unesco WHO; UNDP*

Source: Philippine Society for Microbiology and Infectious Diseases
US NAMRU # 2
San Lazaro Hospital
Quiricada Street, Sta. Cruz
Manila, Philippines

09

Haffner, Debra W. "The AIDS epidemic: implications for the sexuality education of our youth", *SIECUS Report* 16(6): 1-5, July/August 1988.

The AIDS epidemic poses numerous challenges for sexuality education especially in regard to the education of the youth. Because of the "AID crisis", more schools, community organizations and national agencies have called for sexuality education than ever before. A number of AIDS prevention programmes for youth have been initiated in schools community agencies, and youth-related programmes across the United States. But most of these programmes are isolated attempts at dealing with the HIV crisis that have ignored the basic lessons that have been learned by experts in sexuality education and drug use prevention. Many of these programmes do little more than teach young people the biomedical aspects of the disease and ignor important behavioural messages.

This document recommends five primary goals for AIDS prevention. First, programmes should be designed to eliminate misinformation about HIV and to reduce the panic associated with the disease. Second, programmes should be designed to help young people delay premature sexual intercourse. Third, teenagers who are sexually active should receive information and services so that they will use condoms each and every time they have any kind of intercourse. Fourth, all AIDS education should warn children about the dangers of drug use and lastly, AIDS education programmes should encourage compassion for people with AIDS and those infected with HIV. Eight principles are also given which underline the development of effective AIDS education programmes. First, AIDS education should be integrated into comprehensive health or sexuality education programmes; AIDS education programmes need to be designed to reach all children, not just those in school in middle class communities. Third, AIDS education should be offered in multiple sessions at each grade level and through numerous media. Fourth, programmes should emphasize increasing teenagers perceptions of their vulnerability to HIV infection rather than the provision of biomedical information. Fifth, programmes must provide ample opportunity for behavioural skills development. Sixth, AIDS education programmes should be value-based. AIDS education should also be 'sex positive' and finally AIDS education should be empowering. Most of the AIDS education programmes that have been developed have focused on giving young people only two messages about sexuality; abstinence and mutual monogamy, in the context of heterosexual marriage. Children and teenagers should be helped to understand that sexuality is an integral component of personality, and that the expression of sexuality is a wonderful part of life. In too many programmes, the "joys of sex" have been substituted by lessons on the "dangers of sex". Indeed, one new movie has been titled: "Suddenly Sex Is Very Dangerous". Just as high quality sex abuse prevention programmes emphasize "good touches", AIDS education programmes should emphasize that sexuality is a positive aspect of life and that genital activity is only one aspect of sexual behaviours. Young people can be helped to understand that positive sexuality means practising responsible sexual behaviours, and that for most, this means waiting to have intercourse until they are older. Numerous studies have indicated that people's behaviours are not changed through fear arousal. AIDS should not be portrayed as the inevitable result of risky behaviour. Young people need to know that they can control their risk of exposure to HIV largely by their own decision-making. They can be helped to understand that it is their present and future behaviour that will prevent their infection with HIV.

Descriptors: *Out-of-school Youth; Sex Education; Health Education; Programme Planning; Primary Health Care*

Source:
SIECUS
32 Washington Place
New York, N.Y. 10003
U.S.A.

10

Harvey, Ian and Michael Reiss. *AIDS facts.* 2nd ed. Cambridge, Cambridge Science Books, 1988. 39 p.

This pack which consists of 39 factsheets has been written and compiled to facilitate the teaching of AIDS and HIV infection to 13-19 year olds. It serves as a resource bank where the materials can be drawn on and modified as required. The pack employs a wide range of teaching methods, including factual input, discussion, decision-making and role-play exercise.

Factsheets 1, 2 and 3 introduce how to use the AIDSFACTS pack. Factsheets 4 and 5 consist of guidelines on how to consult with parents before embarking on an AIDS programme with young people. The two factsheets address themselves to three questions: where do we start? how do we embark on difficult task with the full support of staff, parents and governors? and how might we carry out the consultation? Factsheets 6 and 7 are questionnaires which can be used to gauge awareness about AIDS before starting the AIDS programme; to be answered in groups, thereby promoting discussion and after the AIDS programme as part of its evaluation. Factsheet 8 contains the answers and comments to the questionnaires and is primarily intended for teachers. Factsheets 9, 10 and 11 enumerate and describe the various commonly sexually transmitted diseases, highlighting their similarities to and differences from AIDS. These factsheets are suitable for all ages but aimed mainly at 16-19 age group. Factsheets 12 and 13 deal with the history and spread of HIV and AIDS, outlining the first recorded AIDS cases to the worldwide epidemic acknowledged today. Factsheets 14 and 15 present the current statistics on AIDS cases and their distribution by patient characteristics and geographically. It also includes estimates of current and future virus carriers and AIDS cases. Factsheets 16 and 17 deal with the biology of AIDS, specifically describing the virus, how it invades the body, its multiplication, how it causes AIDS, how it is transmitted and control of the virus. Scientific terminology has been kept to a minimum so that it can be understood by the non-biologist. Factsheet 18 presents the ways in which the HIV can and cannot be transmitted while factsheet 19 lists the lifestyles and categories of people at risk of catching HIV. Reducing the risk of contracting HIV is dealt with in factsheet 20. It summarizes the necessary precautions to reduce the chances of becoming infected with other virus.

Factsheets 21 and 22 list different sexual activities with their associated risks of transmitting HIV, giving information about condoms, their effectiveness in reducing the chance of transmitting HIV, how to use one, which types are safest and where to obtain them. The HIV antibody test is described in factsheet 23. It describes the purpose of the HIV antibody test and encourage people to think why they might request one and what they would do with the result once they know it. Factsheet 24 is another true or false questionnaire which consists of a series of 15 statements which are either true or false to test knowledge; to identify areas needing further explanation and to promote discussion. Similarly factsheet 26 consists of 22 opinions which serve as springboard for stimulating discussion. Factsheet 27 and 28 try to explore the moral aspects of AIDS. Four extensive quotes about AIDS from Christians with different views followed by a list of questions for discussion are first presented. A newspaper article and questions are also used to raise such issues as "Is AIDS self-inflicited", "Who should bear the costs?" and "Who is best equipped to run an AIDS hotline"? Recommendations on what to say and what to do are given in factsheets 29 and 30. Four situations each addressing a different aspect of AIDS are given. Each can be used to promote several types of activity, e.g., role-play, writing a sketch, discussion. Three further situations dealing with more complex issues than those previously given are then presented aimed particularly at the 16 and 19 age group.

Factsheet 31 are about the Parkers. The Parkers are an imaginary family of four. This factsheet contains information about each member of the family and describes an imaginary conversation over breakfast; followed by a short list of questions for discussion. Factsheet 32 is a collection of statements made of the first World Summit Meeting on AIDS in London in January

1988 and some discussion questions. Factsheet 33 contains a list of ideas to help teachers develop their own exercises-employing a range of different methods. Resources are found in factsheets 34, 35, 36 and 37. They contain addresses and telephone numbers of relevant national organizations. Factsheets 38 and 39 contain the AIDS Glossary. Here, non-technical explanations of various words and phrases used in the pack and in other sources about AIDS are given.

Descriptors: *Instructional Materials; Resource Materials; Reading Materials; Secondary Education; Discussions; Decision Making; Role Playing*

Source:
Cambridge Science Books
Tracey Hall
Cockburn Street
Cambridge CB1 3NB
United Kingdom

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Harvey, Ian and Michael Reiss. *AIDSfacts, pack 2.* Cambridge, Cambridge Science Books [1987. 42 p.]

This pack has been written as a sequel to the *AIDSFACT: Pack 1* to provide up-to-date and accurate information on AIDS and HIV infection for teachers, trainers and students. It complements *AIDSFACT: Pack 1* but covers new areas not dealt with in that publication. This pack deals with seven topics, namely, a global view of AIDS, predictions for the spread of HIV infection, being HIV positive, care of the AIDS patient, AIDS in the workplace and in schools, the biology of HIV and combating the virus.

The factsheet on global view of AIDS traces the history of the first recognition of AIDS case and the increase in the number of cases thereafter. It describes the three distinct epidemiological patterns of AIDS cases in the world. The first pattern is found in North America, Western Eruope, Australia, New Zealand and some areas in South America where AIDS cases are found in homosexual/bisexual men and intravenous drug users. The second pattern are found in parts of Africa, principally Central and Eastern and parts of the Carribean where sexual transmission is predominantly heterosexual. Pattern three areas include Asia, Eastern Europe and most of the countries in the Middle East and Pacific where most AIDS cases involve homosexual or heterosexual contact or receipt of blood transfusions. It then describes the different responses of countries to AIDS. Factsheet No. 2 deals with the predictions for the spread of HIV infection. It presents estimates of the doubling time of HIV and the spread of HIV infection and AIDS in the United Kingdom, in the United States and in developing countries. The factsheet on being HIV positive shows ways in which people infected with HIV and AIDS are taken care of through counselling, through support groups and drop-in centres, through keeping a healthy life-style and therapies. This is followed by a role-play which put the characters in a situation where they have to show how to deal with an HIV infected person. The fourth factsheet is about caring for the AIDS patient. It describes the role of hospitals, AIDS hospices, buddies and other home support services in caring for the AIDS patients. Factsheet No. 5 discusses AIDS in the workplace and in schools. It states that the risk of infection in schools and at work is very minimal except for jobs which involve direct contact with the blood, semen or vaginal fluids. In the schools, a number of precautions are made such as the discontinuance of taking pupil blood and cell samples in science lessons or giving particular care with habitual biters or the practice of mixing of blood such as "blood brother" or blood sister". It also highlights the fact that employees have statutory rights against unfair dismisal and describe such rights. Finally, it presents some precautionary measures in time of accidents. This is followed by a role play exercise which promote discussion of issues such as prejudice, rights, risks and responsibilities. The biology of the HIV is dealt with in an in-depth manner in Factsheet six. It provides very detailed and clear explanation of what HIV is, how it attacks the white blood cells, how it multiplies, the different parts of the virus and how it starts infection. The last factsheet continues from factsheet six which illustrates how HIV can be combatted. These ways include the prevention of HIV binding to the host cell, preventing the uncoating of the viral RNA, disrupting reverse transcription, blocking the integration of the provirus into the host gnome, preventing transcription and translation of the provirus, inhibit specific viral enzymes and other proteins, interfere with budding out of the host cell and disrupting viral envelope.

Questions and role play are included to accompany the topics. These questions may serve both to check that essential points of information have been appreciated and to facilitate discussion of the sensitive medical, ethical and sexual issues which surround the subjects of HIV infection and AIDS.

Descriptors: *Instructional Materials; Resource Materials; Students; Teachers; Trainers; Role Playing; Questioning*

Source: Cambridge Science Books
Tracey Hall
Cockburn Street
Cambridge CB2 3NB
United Kingdom

12

Quackenbush, Marcia. *Teaching about AIDS: a teaching curriculum on the Acquired Immune Deficiency Syndrome for high school teachers.* San Francisco, AIDS Health Project, 1985. 18 p.

This curriculum was developed with the help of teachers and health educators. This document is aimed at assisting teachers in integrating AIDS information in a useful practical and relevant manner with already existing courses. This curriculum has two parts. Part One provides the basic information about AIDS. These range from a discussion of what AIDS is, who gets AIDS, why do people get AIDS and why people are concerned with AIDS to the origin of the virus. This part also describes the manifestations of AIDS, what happens to the immune system when someone has AIDS, describes the AIDS virus, the antibody test, what AIDS Related Complex (ARC) is and how long the incubation period is for AIDS. A discussion of the likelihood of a middle school or high school student with AIDS passing the disease to other students is dealt with after which a set of basic guidelines for preventing AIDS transmission is given. These basic guidelines include the following: (i) do not allow semen, blood, urine, feces or vaginal secretions of an infected person enter the body; (ii) if one does not know whether one's partner is infected or not with AIDS, follow the safe sex guidelines; (iii) do not share hypodermic needles under any circumstances. The second part consists of lesson plans or teaching units which can readily be used by teachers in the classroom. The first one deals with the public response to AIDS. It enables the students to discuss the various responses and reactions of the general public to the AIDS pandemic. Then the students are asked to analyse and suggest ways how people can understand AIDS better and react in a more helpful way. Lesson plan two focuses on civil rights issues involving AIDS. It discusses how some students with AIDS have not been allowed to attend school even if their health was good enough to allow them to benefit from classes. It tries to explore students reactions to their fellow students who have AIDS. Another areas of discrimination examined include the workplace where some employers have fired employees with AIDS, or ARC or those suspected of having AIDS and inaccessibility of services for people with AIDS or ARC. The third lesson plan discusses epidemics and AIDS, describing the various epidemics which have occurred in the past such as the Bubonic Plague, the STD, etc. The students are then asked as how it is like to live in a city affected by an epidemic and solicit their suggestions on how to end the epidemic. The last lesson deals with the sexually transmitted diseases and AIDS. The curriculum also carries a questionnaire to gather feedback and evaluate the effectiveness and usefulness of the curriculum.

Descriptors: *Curriculum Outline; Instructional Materials; Teacher's Guide; Secondary Education*

Source:
AIDS Health Project
333 Valencia Street
San Francisco, CA 94103
U.S.A.

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Quackenbush, Marcia and Pamela Sargent. *Teaching AIDS; a resource guide on Acquired Immune Deficiency Syndrome.* Rev. ed. Santa Cruz, Network Publications, 1988. 159 p.

This revised edition provides educators with a practical and relevant approach to integrating AIDS information into existing courses. Straightforward and supportive without being overly technical or explicit, this curriculum is written for secondary and college level students. The first part discusses why teenagers should be taught about AIDS and summarizes the most important points and concepts to teach young people about AIDS. It also gives a general background on AIDS through a listing and discussion of the most common questions about AIDS, followed by a listing of what are considered safe and unsafe sexual activities. A sample lecture about AIDS is also given for the use of a teacher. The second part consists of seven teaching plans which offer different approaches to teaching AIDS in the classroom. Each plan covers the important basic information about AIDS: (i) it is not casually transmitted; (ii) under certain circumstances anyone can be infected, regardless of sexual orientation or gender; and (iii) AIDS can be prevented. The teaching plan on the basic AIDS is especially useful for broad-scale teaching of AIDS. The teaching plan on public response to AIDS examines the range of responses to the AIDS epidemic. The unit on civil rights issues and AIDS examines the important relationships between civil liberties and public welfare, using AIDS as a current and relevant example, including a simple explanation of how AIDS infects the immune system, with accompanying diagrams. Each teaching unit is comprised of a target group, purpose, objectives, format, materials, time and utilization.

The third part consists of teaching materials. The materials provided in this curriculum are optional additions to the class lectures and discussions. They can be assigned as homework or filled out in a subsequent class session. There are six worksheets and an objective test included. Worksheet No. 1 is a pre-test worksheet. Worksheet No. 2 allows students to consider which responses to the AIDS epidemic they consider positive, and which they consider negative. Worksheet No. 3 involves an evaluation of responses to AIDS reported in the press. It requires the student to find an article about AIDS in a newspaper or magazine. As an alternative, the teacher could give students a copy of a particularly useful article and have them answer questions about the article. The fourth worksheet allows students to pursue questions they might be hesitant to raise in class. Any unanswered questions students have can be pursued with the help of this worksheet. Worksheet five is about setting policy about AIDS. It involves essay answers to some complex and challenging questions about AIDS policies. Finally, Worksheet six involves the formulation of an AIDS Education Plan. At the end of this part is a 10-question objective test which covers AIDS transmission and prevention, as well as some basic information about the diseases. The test can also be given as a pretest, then given again after the unit, as a way to show students what they have learned. The last part is a compendium of background materials which can further enrich the teacher's teaching about AIDS. It carries some additional questions and answers dealing with lingering doubts about casual transmission and an article on the issue of abstinence. It also offers some suggestions as to how teachers can deal with difficult situations in teaching about AIDS, how to talk about sexuality in the classroom and how to teach about condom use. It also gives precautionary measures such as how to clean needles, infection precautions for people with AIDS living in the community, on how health care workers can protect themselves from infection on the job and gives a set of infection control guidelines for lab classes working with body fluids. It also carries a classification system for HIV and a glossary.

Descriptors: *Curriculum Outline; Secondary Education; Higher Education; Instructional Materials; Teacher's Guide; Resource Materials;*

Source:
Network Publications
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
U.S.A.

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Sketchley, John. *Teaching AIDS; educational materials about Acquired Immune Deficiency Syndrome for school teachers.* 2nd rev. ed. London, BLAT Centre for Health and Medical Education, 1987. 1 packet of materials.

This is a packet intended for teachers. The packet indicates that the contents are not written to be put directly into the hands of school pupils but the teachers should be able to digest the information and impart it to pupils in a manner consonant with the school's practice. The packet states that much remains unknown about AIDS and a degree of uncertainty prevails. Teachers are in a key position to explain the facts to young people and their parents. But first, teachers, themselves, must be educated to a realistic appraisal of AIDS. This is the main aim of the packet. The second is to provide ideas for teaching about AIDS to pupils.

The packet consists of seven information sheets and additional resource materials. The first sheet is an introduction to the packet indicating how to use the materials during teacher training and classroom teaching. It also stresses the importance of setting up a support group for oneself where the teacher can unload their concerns and obtain moral support. Since the medical information is brief in the information sheets, the first sheet provides some essential knowledge on the epidemiology of AIDS virus, the manifestation of AIDS and its testing. The second information sheet puts AIDS into its proper perspective by presenting tables of statistics showing AIDS cases in the United Kingdom, reported AIDS cases and deaths, cumulative totals of reported HIV antibody positive persons, AIDS cases and deaths from AIDS in the U.K., U.S.A. and those estimated by World Health Organization. It also presents tables on projection of AIDS cases and HIV infection risk groups. The third information sheet provides some important facts about how AIDS virus is transmitted, i.e., semen, sexual transmission, blood transmission, and how they are not transmitted, i.e., casual contact in the home, at work and in hospital. This sheet also provides some tips or pointers to the teachers on the terminology they can use when teaching about AIDS. It suggests that words for talking about sexual matters to school children can be found in sex education books specifically designed for schools. It recommends using these books to teach about AIDS as well. Information sheet four enumerates both the bad news and good news about AIDS. The bad news discusses the facts that there is no cure for infection by the AIDS virus, that the incubation period can be very long, it can infect anyone, etc. The good news include efforts being made to discover a vaccine, that AIDS virus doesn't arise spontaneously, it cannot be caught by casual contact, etc. The fifth information sheet lists down important information for school teachers. Some of these pointers include the following: (a) AIDS virus is not easily transferred; (b) a child infected with AIDS or AIDS virus need not be excluded from school; and (c) a pupil with haemophilia should be given professional help. The sixth information sheet answers the question: what can a teacher do? It suggests that a teacher can examine his/her own attitudes to homosexuality and sleeping around; the usual preventive measures and health education in schools should be maintained, not only because of the AIDS virus but for good health generally; blood spillage should be cleaned away with household bleach; mouth-to-mouth resuscitation can be carried out at no risk; teachers should welcome private discussions about the pupil's life-styles and recommend safer sexual activities; and teachers should be able to use the type of language which will not have any unforeseen negative effects. Each of the six information sheets contain a set of activities which the teacher can use to engage the students in implementing these activities. The last information sheets lists the resources that include sources of further information, useful telephone numbers, bibliography and audio-visual. The resources contain pamphlets, mini posters and charts that can be used as visual aids in teaching about AIDS.

Descriptors: *Instructional Materials; Resource Materials; Activity Methods; Teaching Aids; Secondary Education.*

Source:
The BLAT Centre for Health and Medical Education
BMA House
Tavistock Square
London WC1H 9JP
England

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Stroka, Stephen R. *STD; Educator's guide to AIDS and other STD's.* Lakewood, Ohio, the Author, 1989. 1 vol. (various paging).

This guide is a classroom-ready, activity-oriented, behavioural approach to STD education. It was developed by students, teachers, parents, disease intervention specialists and medical experts. The main purpose of this guide is to make STDs easier to teach. The Basic Information is presented as Teacher Keys with corresponding Student Activity worksheets ready for use as reproduction masters or overhead transparencies so as to require minimal teacher preparation time and effort. It also contains memory helping acronyms which help teachers teach and students learn. The main goal of the guide is to provide accurate and timely methods and materials to help students gain the knowledge, attitudes and life/social skills needed for realistic decision-making regarding STD's while emphasizing drug use prevention. The four objectives of the guide are that the students will: (1) describe the communicable disease chain of infection concept; (2) identify basic STD information and attitudes needed to break the chain of infection; (3) plan actions for persons with STDs; and (4) analyse and practice strategies to prevent STDs and drug use.

The guide comprised of six units. The first unit explains the legal, statistical, educational and human reasons why the schools should teach about AIDS and STDs. The second unit demonstrates how to use the guide by enumerating the objectives, the users, the content, how it can be a part of a comprehensive health education, what language and subject matter to use for appropriate age brackets, how to select and develop materials and how to involve the community for effective messages. It also covers tips for teachers and the ABC's of STD. The third unit provides the main content or basic information for teaching AIDS and STDs. It presents AIDS and other STDs as communicable diseases within a chain of infection disease concept. It emphasizes that AIDS and other STDs are like all other communicable diseases: they follow a chain of infection, need prompt medical care and can be prevented. This rational conceptual approach helps the educator teach and allay fears because it clarifies and desensationalizes the STD and especially the AIDS issues. This chain of infection and how to break it is demonstrated in measles, AIDS, chlamydia, genital herpes, genital warts, gonorrhea, hepatitis, non-gonococcal urethritis, public lice, syphilis and vaginitis. These disease facts are followed by a set of instructions on how to visit an STD clinic and where to get help when one discovers he/she has STD. What a person should do after the discovery is contained in plan of action for persons with STDs. This is further reinforced by guidelines on how to prevent STDs, how to use condom and how to say 'no'. The rest of the unit provides the teacher some creative ideas for STD education activities such as writing assignments, multi-media, a sample script for an STD AV programme, crossword puzzle and key words game. The fourth unit comprised of student activity worksheets which examine STD knowledge, attitudes and behavioural intentions, and a teacher evaluation form to be completed and returned after teaching the guide in the classroom. The last unit is for those who require more information on AIDS. It contains the Surgeon General's Report on AIDS, the story of AIDS, together with the story of AIDS worksheet, a list of myths and facts about AIDS, the behavioural risks for AIDS, guidelines which one can follow as an

AIDS educator and AIDS guidelines for schools.

The guide is designed to be flexible and adaptable. It can be used either as a complete STD curriculum or as supplemental methods and materials for STD education within a disease, sexuality or other unit. The three-ring notebook format allows the educator to add, take out or rearrange anything in order to adapt to the individual curriculum, students and community. It also facilitates easy updating. The student activities do not contain any controversial or explicit language.

Descriptors:	*Instructional Materials; Teacher's Guide; Sexually Transmitted Disease; Secondary Education*
Source:	Network Publications ETR Associates P.O. Box 1830 Santa Cruz, CA 95061-1830 U.S.A.
	Dr. Stephen R. Stroka Health Education Consultants 1284 Manor Park Lakewood, Ohio 44107 U.S.A.

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U.S. Department of Health and Human Services. Center for Health Promotion and Education. *Guidelines for effective school health education to prevent the spread of AIDS; supplement.* Atlanta, 1988. 14 p. (MMWR Morbidity and Mortality Weekly Report vol. 37, No. 5-2, 29 January 1988).

This guide was prepared to help school personnel and others plan, implement and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other HIV-related illnesses. The guidelines provide information that should be considered by persons who are responsible for planning and implementing appropriate and effective strategies to teach young people about how to avoid HIV infection.

The first guidelines refers to planning and implementing effective school health education about AIDS. Because AIDS is a fatal disease and because educating young people about becoming infected through sexual contact can be controversial, school systems should obtain broad community participation to ensure that school health education policies and programmes to prevent the spread of AIDS are locally determined and are consistent with community values. This requires the involvement of representatives of school board, parents, school administrators and faculty, school health services, students, minority groups, religious organizations and others in developing policies for school health education on AIDS. They should also participate in reviewing the curriculum contents and educational materials before they are implemented. With regard to preparation of educational personnel, it is recommended that a team of representatives including the local school board, parent-teachers associations, school administrators, school physicians, school nurses, teachers, educational support personnel, school counsellors and other relevant school personnel should receive general training about: (a) the nature of the AIDS epidemic and means of controlling its spread; (b) the role of the school in providing education to prevent transmission of HIV; (c) methods and materials to accomplish effective programmes of school health education about AIDS; and (d) school policies for students and staff who may be infected. Teaching AIDS in the classroom should be done by the regular classroom teacher in the elementary grades. In the secondary grades where different teachers teach different subjects, the secondary school health education teachers preferably should provide education about AIDS.

The objectives of effective AIDS education are to enable and encourage the young who have not engaged in sexual intercourse and who have not used illicit drugs to continue doing so; for those who have, to stop engaging in sexual intercourse until they are ready to establish mutually monogamous relationship within the context of marriage and to stop using or injecting illicit drugs. For those who remain unwilling to change their behaviour, the education programme should provide information on the following: avoiding sexual intercourse with anyone who is at risk or infected, using latex condom with spermicide if they continue to engage in sexual acts, seeking treatment if addicated illicit drugs, nor sharing needles or seeking HIV counselling and testing. With regard to content, education about AIDS for students in early elementary grades principally should be designed to allay excessive fears of the epidemic and of becoming infected. Education about AIDS for students in late elementary/ middle school grades should include information on the epidemiological aspect of AIDS, its spread and prevention. Education about AIDS for students in junior high/ senior high school grades should go more in-depthly into the epidemiological aspect of AIDS, transmission, prevention, and more of the attitudinal and behavioural aspects of AIDS. The exact grades at which students should receive the essential information should be determined locally, in accord with community and parental values and may vary from one community to another. Finally, the guide presents nine criteria for monitoring the extent to which schools are providing health education about AIDS. The guide also consists of two appendices, one on the U.S. President's Domestic Policy Council's Principles for AIDS Education and an article on the extent of AIDS and indicators of adolescent risk.

Descriptors: *Health Education; Curriculum Outline; Programme Planning; Programme Evaluation; Personnel Training; Guides*

Source: Department of Health and Human Services
Public Health Service
Centers for Disease Control
Atlanta, CA30333
U.S.A.

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World Health Organization/Unesco. *Education to prevent AIDS/STDs in the Pacific: a teaching guide for secondary schools (draft)*; a product of the WHO/ Unesco Regional Workshop on the Development of Instructional Materials on AIDS Education for the Pacific, Suva, Fiji, 3-20 January 1980. [Suva, Fiji, Office of the Regional Advisor for Population Education in the Pacific] 1989. 109 p.

"The need to educate school students on AIDS is beyond question" this teacher's guide declares in its introduction. It states that the prevention of AIDS cannot be left to medical personnel alone. Until there is a cure or vaccine against AIDS, the only measure to prevent AIDS is through education leading to responsible behaviour. For this reason, this teacher's guide was developed during a Regional Workshop on the Development of Instructional Materials on AIDS Education which was held in January 1989 in Fiji.

Intended for possible adaptation and use in secondary schools in the Pacific island nations, it is hoped that educators, curriculum developers, teacher educators and teachers will find this matrial useful to initiate and expand efforts to introduce and conduct AIDS education in their schools in order to assist in the prevention of AIDS in the region. The teacher's guide has two sections. The first section provides a general background, purpose, resources and suggestions for teaching about AIDS/STDs in the school setting. It also includes a few pages on questions and answers about AIDS in the areas of definition, epidemiology, transmission, symptoms, incubation, virology, vaccine, prevention and treatment. An AIDS Glossary also serves to familiarize the users with a number of crucial technical terms that will facilitate a better understanding of AIDS problem. The second section is a compilation of lesson plans suggesting specific activities for teaching. The lessons deal with transmission, symptoms of HIV infection and possible outcomes, protection, cultural and personal values about sexual expression, sexual life and social responsibility, values towards those infected with HIV/AIDS, decision-making, how to say 'no', safer sex, and talking to parents about STDs and AIDS.

This teacher's guide is an outstanding prototype material on AIDS education. It does not only inform and educate about the clinical and epidemiological aspects of AIDS but more significantly fosters more humane attitudes related to the disease, to prevent discrimination, stigmatizing and even ostracizing of HIV carriers and people with AIDS. Effective AIDS education is not a simple matter of giving out health information. While accurate information is essential, young people also need the opportunity to develop skills in making responsible decisions about their own sexual behaviour. AIDS education should enable each individual to clarify these values, to assume new life styles if necessary, to raise questions about the responsibility people should have toward others, and thus be able to combat the AIDS threat through responsible behaviour. This teacher's guide succeeds in this crucial aspect by including many lessons that present the human, social and moral dilemmas raised by the pandemic. One lesson for example serves to combat discrimination against certain groups that are presumed to be at risk or against people with AIDS or infected by HIV. Several lessons also touch on sexual behaviours of adolescents which are related to social responsibility and safer sex behaviour.

The teaching strategies and activities used to carry out the lessons are also the most suitable in dealing with the ethical, social and moral aspects of AIDS education. For example, one lesson makes use of role play by asking the students to act as Cabinet Ministers who will each recommend some measures to take in response to the identification of two confirmed HIV positive cases in the country. Another role play requires two students to act out the roles of teenager and parents who will discuss about STD and AIDS. Values clarification is also used to assist students in clarifying their own values as well as the community's values about AIDS-related issues. Each lesson is presented first with a set of objectives, prerequisites in terms of knowledge, activities or methods and materials needed to undertake the lesson. Then this basic information is followed by several activities in the forms of worksheets, case studies, handouts, and alternative activities. The lessons fall under three major categories, namely, AIDS/STDs, values, responsibility, decision-making and communication. Since the lessons are culturally sensitive, the guide provides some guidelines for the teachers to follow in setting up a good classroom atmosphere. Further, to equip the teachers with adequate knowledge about AIDS, additional notes and resources in the form of Glossary of Terms, a booklet on Understanding AIDS, and an article on the most common questions about AIDS and STDs are also given.

Descriptors: *Instructional Materials; Teacher's Guide; Secondary Education; Reading Materials; Programme Planning; Glossaries; Pacific Region*

Source: Office of the Regional Adviser
for Population Education
in the Pacific
c/o UNDP
Private Mail Bag
Suva
Fiji

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World Health Organization/Unesco. *Guide for school health education to prevent AIDS and other sexually transmitted diseases.* 1989. [65 p.] (GAP/HPR. draft) Unpublished.

Directed towards senior educational authorities and those who are responsible for programme development, this guide provides a framework within which education authorities can work with teachers, parents and community leaders to help young people learn the facts about AIDS and other STD and to begin to make mature decisions that will lead to reduced risk for themselves and others. Designed to encourage education systems to accept the responsibility of providing structured, sequenced, school-based approaches to the problem of AIDS/STD, this guide assists with the introduction of school-based education about AIDS/STD within a co-ordinated national AIDS prevention and control programme; outlines alternative actions which may be taken in providing school-based AIDS/STD programmes; emphasizes the need to take account of cultural/religious and community values within each system; acknowledge the rights of parents and their children to have access to an effective school-based education about AIDS/STD and suggests options for integrating education about AIDS/STD into existing subject areas which address human relationships and human development. This guide also focuses on the issues involved in the development, implementation and evaluation of educational programmes about AIDS/STD. Education authorities can consider each issue in turn and thus fully develop, implement and evaluate a programme about AIDS/STD where none previously existed. Planning and implementation of school-based education about AIDS/STD must be a part of the National AIDS Prevention and Control Programme as co-ordinated by the National AIDS Committee.

There are 18 issues discussed in this guide. These issues can be grouped according to the goals of a school education programme about AIDS; key considerations relating to the meeting of these goals; evaluation issues; curriculum issues; staffing and training issues. The programme goal is to promote, through information and education, behaviour that prevents the transmission of HIV/STD. The key considerations or issues in meeting this goal include the following: (i) considerations of traditions, beliefs and values and behavioural and educational norms in developing the programme; (ii) working in collaboration with parents and other members of the community; (iii) active involvement of teachers and their representative organizations in all stages of development, implementation and evaluation of the curriculum; (iv) the creation of a secure school and classroom environment; (v) using informal education to teach about AIDS/STD; (vi) developing strategies that gain acceptance of the programme and identification of sources of continuing resistance to the programme; (vii) co-ordination of all elements of the programme. With regard to evaluation, the following issues are raised: (i) who will evaluate a programme; and (ii) what ethical considerations an evaluator must face when evaluating the programme. With regard to curriculum development, the following issues are dealt with: (i) the programme must be specific to the target group and aimed particularly at the grade level prior to the likely occurence of risk behaviours; (ii) in which context should education about AIDS and STDs occur; (iii) the need for programme developers to understand the philosophies behind and the directions of preventive education and methodology; (iv) training of teachers in the most appropriate teaching style and strategies for preventive education about AIDS/STD; and (v) content should assists students develop appropriate skills and attitudes to maintain an infection-free life. With regard to staffing and training, the following issues are taken into consideration: (i) who teaches a programme about AIDS/STD will influence the quality and style of presentation and ultimately, the impact of the programme; (ii) training should be paramount to the successful implementation of an education programme about AIDS/STD. Each of the issues are discussed by describing the rationale, indicating why the issue is important, discussing the possible approaches or options available for addressing each issue and a discussion or presentation of some considerations pertaining to the possible approaches for each issue. The document also includes three annexes: the content of education about AIDS/STD, evaluation and teaching resources and strategies.

Descriptors:	*Educational Goals; Teaching Methods; Programme Planning; Curriculum Outline; Co-ordination; Educational Tests; Guides*
Source:	World Health Organization 1211 Geneva 27 Switzerland

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Yarber, William L. *AIDS: what young adults should know; student guide.* Reston, American Alliance for Health, Physical Education, Recreation and Dance, 1987. 20 p.

This is a student guide which offers accurate knowledge about AIDS and how the AIDS virus is transmitted and what students can do to keep from getting the AIDS virus. The student guide focuses on four sections: what is AIDS, how AIDS virus is transmitted, how it can be prevented and other information about AIDS. To measure the incoming knowledge and attitude and resulting changes in knowledge, tests and check-up are also included at the beginning and end of the guide.

The acquired immunodeficiency syndrome or AIDS is caused by a virus which can destroy the body's ability to combat infections. Researchers have found that AIDS is the end result of an infection caused by a virus which is now popularly known as HIV. The HIV destroy certain cells that help make the immune system active to protect one from diseases. The most common illnesses of persons with AIDS are lung infection called pneumocytis carinii pneumonia and a cancer, Kaposi's sarcoma. Some who are infected with HIV do not necessarily get AIDS. It may also take years for AIDS to develop among the HIV infected. However, whether or not those infected will develop AIDS or some other serious condition, these persons can still transmit HIV virus to others. The HIV or AIDS virus can be transmitted through: (a) sexual contact through exchanges of semen or blood, during anal and vaginal intercourse, oral-genital or oral-anal sex; (b) exchange of blood or blood-to-blood contact between infected person; through transfusions of blood or certain blood products; and through (c) mother to child where children get the AIDS virus from their infected mothers during pregnancy or childbirth. The major risk groups are the homosexual and bisexual men, heterosexual IV drug abusers, heterosexual sex partners with AIDS and recipients of transfused blood or blood-clotting factor. One can know if one is infected through an AIDS antibody test. Presence of these antibodies means that the person has been infected with the virus and can transmit the disease. The antibody test is accurate. However, no test of this type is perfect. This is why every positive test is repeated, sometimes up to three times, before a person is informed of the positive test results.

The symptoms of infection with the AIDS virus may not appear for a long period of time. The time between acquiring the virus and having symptoms, called the incubation period, ranges from a few months to several years or longer. Symptoms of persons infected with the AIDS virus can include: tiredness, fever, loss of appetite and weight, diarrhea, night sweats, and swollen lymph glands. The presence of these symptoms may indicate an AIDS infection. Some persons infected with the AIDS virus have these symptoms throughout their illness. Others are in good physical condition, or have both periods of health and illness. There have been many fallacies about AIDS transmission. AIDS virus is not spread by casual contact, by sneezing, coughing, sharing utensils, through the use of public toilets and swimming pool, or through insect bites. To reduce the risk of contracting AIDS, the following are recommended: sexual abstinence, sexual fidelity, avoiding exchange of fluids, use of condom, careful selection of partners, avoiding multiple sex partners and avoiding sharing of needles used for illicit drug abuse. AIDS cannot be cured and there is no vaccine. Prevention is the best way to deal with AIDS. Health education programmes are one way of preventing the rapid transmittal of the diseases. There are also other efforts for promoting AIDS prevention, namely, correcting misinformation, providing financial support,voicing concerns to officials, supporting a friend with AIDS, serving as an AIDS volunteer, sharing information about sources of testing, health care and support services and sharing AIDS facts with others.

Descriptors:	*Instructional Materials; Reading Materials; Youth; Secondary Education; Glossaries*
Source:	American Alliance for Health, Physical Education, Recreation and Dance 1900 Association Drive Reston, Virginia 22091 U.S.A.

20

Zambia. Ministry of Health. *AIDS information for secondary schools.* 2nd ed. Lusaka, 1988. 24 p.

This booklet is intended for secondary school students, their teachers and parents and other young people who are worried about AIDS. Peppered with illustrations, the booklet explains what AIDS is, what causes it, how it spreads from one person to another by sex and how it can be prevented. The booklet defines AIDS as being caused by a Human Immunodeficiency Virus which attacks the immune system resulting in various medical problems. AIDS is a sexuality transmitted disease. But AIDS can also be spread through blood transfusion and infection from mother to baby. Other possible ways by which HIV infection could spread include accidental injections from infected syringes and needles, earpiercing and tattooing. On the other hand, one cannot be infected by normal social contact with someone who is carrying the infection, or by wearing second hand clothes or swimming in a pool or river, by 'dry' kissing, new or sterilized needle and syringe, by an insect or mosquito bite and by having sex with one healthy partner. When one gets infected with AIDS, the following problems develop; swelling of the glands or lymph nodes, prolonged fever and sweating, mild prolonged diarrhoea, prolonged cough and after some time may develop into full blown AIDS. This means that the virus has destroyed the immune system leaving the person unprotected against infections and cancers.

The booklet also reports that there is as yet no vaccine or medicine which will prevent or cure AIDS. Many different experimental drugs are being tried, one of which is the 'retrovis' AZT. However, it does not cure AIDS, but only reduces some of the symptoms of the disease. For protection against AIDS, the booklet recommends the following (i) avoid casual sex with friends; (ii) when you get engaged, try to get to know your partner very well and make sure she or he has not had any previous sexual contacts; (iii) after marriage, sleep only with your wife or husband; and (iv) avoid unnecessary and untested blood transfusions. If one is already at risk, the booklet also gives the following precautions to reduce the risk: (i) sleep only with your permanent girlfriend or boyfriend and make sure they sleep only with you; (ii) use latex condom together with family planning foam; (iii) never sleep with a prostitute; (iv) avoid casual sex with anybody. The booklet also describes the connection between AIDS and other STD stressing that catching an STD will weaken the body and make one more likely to be infected with HIV. It also discusses what happens to babies born to infected mothers. It is reported that more than half of these babies are born already infected. Babies who are infected with HIV tend not to grow well, they get many minor infections and later more serious infections and often die before their second birthday. The chance of getting infected depends on one's decision about the future behaviour. AIDS is like a raffle or lottery. The more tickets one buys, the greater the chance of winning the prize. Similarly, the more sexual partners one has, the greater the chance of getting infected. One can also help in preventing the spread of AIDS in the school by designing posters, writing stories, plays and poems and arranging meetings with visiting speakers.

Descriptors: *Instructional Materials;*
Reading Materials;
Secondary Education;
Teachers; Parents;
Zambia

Source: Health Education Unit
Ministry of Health
P.O. Box 30205
Lusaka
Zambia

SECTION 3 – PERSONNEL TRAINING FOR AIDS PREVENTION AND EDUCATION PROGRAMMES

21

Camacho, Maria and Ruth Schwartz. *San Francisco AIDS Foundation Speakers Bureau Manual.* San Francisco, San Francisco AIDS Foundation, 1988. [116 p.]

This manual provides sample outlines and strategies for presenting talks on the most important topics confronting the AIDS educator: antibody testing, blood donation and transfusion, condoms, drugs and alcohol, homosexuality, minorities, etc. This manual is used in the Speaker's Bureau Programme of the San Francisco AIDS Foundation. Each month, the Speaker's Bureau provides 30 to 60 free informational presentations to groups upon request. The speakers are highly-trained volunteers. The Bureau maintains an extensive referral list of outside speakers and this manual serves as a resource material for the speakers. The opening part presents some ground rules to follow in presenting information or speeches and ten easy steps to consider in completing a speaking engagement.

This is followed by a listing of audio-visual aids which can be used by a speaker in making his/her presentations. There are four slide-tape and videotapes described in this chapter. Each audio-visual aid is described lengthily, slide by slide and frame by frame. The first one AIDS 101 slideshow uses words, photos and illustrations to take viewers through basic AIDS information, what causes AIDS, how HIV affects the body, how HIV is transmitted, etc. The second videotape covers basic information about AIDS cause, transmission and antibody testing. Another video focuses on basic information about AIDS cause and antibody test but the primary emphasis is on AIDS transmission and prevention. Each of these slide-tape and video tape is accompanied by guidelines or script which can be used by a speaker in discussing the content of the slide-tape and videotape. The third chapter is addressed to specific topics. In general, the speakers are provided with information extracted from the most current and reputable research. This chapter includes articles or information papers which the speaker can use as reference materials. These articles deal with a variety of important topics on AIDS: antibody testing, blood donation/transfusion, children and AIDS, condom, drug and alcohol use, heterosexual risk, homosexuality and homophobia, I.V. drug use, minorities and AIDS, mosquitoes, origin of AIDS, pregnancy and breast feeding, prostitutes, sex, statistics, symptoms, women and AIDS.

The fourth part gives guidelines as to what type of information should be given to various types of audiences. For college-aged audiences, it will be especially helpful to share appropriate information about the speaker's own life as they are looking for role models. For groups of the disabled and emotionally disturbed, a teacher or counsellor familiar with the group will be an important source of information. For I.V. drug users, the speaker is encouraged to give plenty of coverage to issues of safe sex, antibody testing and maternal transmission. Before presenting a lecture, it is important to talk with the teacher in advance to determine the class's English level. The speaker is urged to find ways to define terms like 'semen' and 'saliva' comfortably and without talking down to the class. It is also important to find out the countries and cultures the students come from, especially their beliefs and attitudes towards sex, illness and death. When addressing the health care workers, the speaker should understand that health care workers are usually frightened of on-the-job HIV transmission. They should therefore be provided with detailed citation of epidemiological studies such as the risk of becoming infected through a pin prick of infected blood and stressing the three conditions for infection. In addressing the parents, two points should be considered: how much AIDS information do they already have and are they asking for AIDS information or for strategies to convey this information to their children. The manual suggests that both should be given to parents. For religious groups the manual presents three ways of presenting information: through a spirit of service, a spiritual perspective and a moral approach. With regard to senior citizens, their most common concern is about the risk of blood transfusion while the teens may want to know more about sex, sexually transmitted disease, drug use. Self-esteem also plays a big part in kids' reactions to AIDS. The manual also contains appendices that focus on statistics about AIDS cases, definition of AIDS, the risk of HIV infection via needle-stick and various position papers by the San Francisco AIDS Foundation.

Descriptors: *Personnel Training; Training Manuals; Speakers; Communication; Audience; Youth; Health Manpower; Parents; Opinion Leaders; Resource Materials; Audio-Visual Aids*

Source:
San Francisco AIDS Foundation
333 Valencia Street, 4th floor
San Francisco, CA 94103
U.S.A.

22

Caplan, Russell. *Demystifying AIDS.* London, Lewisham and North Southwark Health Authority, 1987. 31 p.

This is a training/education package for health care workers and guidance counsellors designed to raise awareness about the complex social issues and dilemmas that of necessity have to be tackled in any type of AIDS prevention programme. The aim of the package is to provide a structured setting for group work and discussion. The exercises provide a useful opportunity for exploring and probing some of the attitudes, fears and anxieties about AIDS. They do not offer solutions, but hopefully provide the building blocks for a deeper appreciation for and sensitivity to how best to approach the human and social dilemmas which the tragedy of AIDS poses.

The package consists of six exercises. An Introductory Exercise introduces and raises many issues for the day. It is a gauge for both group members and group leaders/trainers alike to see where the group might be, or should be going and at what pace. Exercises 1 and 2 are concerned with the image of AIDS as conveyed by the mass media. In Exercise 1, participants take on the roles of media people. In Exercise 2, the consequences of stereotyping generated by the media are examined. Exercises 3 and 4 are concerned with people's attitudes towards AIDS. The aim of Exercise 3 is to examine the participants' gut reactions to a series of controversial statements which are being made in relation to AIDS, its prevention and its cause resulting in a consensus. Exercise 4 examines the different levels at which participants can react to situations. It particularly determines how health care workers can differentiate between their private feelings and public obligations in dealing with difficult situations such as the AIDS crisis poses. Exercises 5 and 6 are concerned with attitudes towards AIDS. They provide the facility for participants to express their feelings and to discuss those feelings with other members of the group. Exercise 5 enables the participants to reflect on and highlight some of those formative experiences which have consciously shaped their attitudes towards sex and sexuality. Similarly, Exercise 6 enables the participants to reflect on their own prejudices and sense of morality, not simply as individuals but as a group. It gives people an opportunity to see how complex and difficult it is to make that leap from received images, attitudes and feelings about normal sexuality, to an understanding and empathy with those who are judged less than normal by society. Included with each of these six exercises is an information sheet providing the background and rationale for the exercise. Guidance on how to proceed with the group work is also offered.

The facts about AIDS as a medical phenomenon are left to the last, entitled "AIDS: The Facts". This section presents the facts about AIDS as known from a medical, scientific points of view through a video or slide show presentation. The package begins with an exploration of attitudes, fears and anxieties and then see how these feelings match with what are scientifically known about AIDS. The rationale for this, is that there has been much media coverage already on the issue, coupled with the more recent Government campaign. More importantly, many departments have been putting out their own guidelines and information on the issue. The net result is that there has been an information overload, some of it more accurate than others, and some of it outright hysterical misinformation. It is therefore an important part of this package to begin to discover in how people's images of AIDS are shaped and their attitudes towards it moulded. This then gives the facility to understand how information is used to form and buttress new and old feelings which AIDS stirs up. The final section offers information on various organizations and helpliness that offer advice, help and information on AIDS, and to AIDS sufferers. In addition the package list various books and publications on AIDS which are of both professional and lay interest. Also included in this pack are some articles relevant to an understanding and appreciation of AIDS.

Descriptors:	*Personnel Training; Health Manpower; Training Manuals; Discussions; Activity Methods; Sources of Resources*
Source:	Lewisham and North Southward Healthy Authority Yaomanry House Bromley Road Catford, London SE6 2RL United Kingdom

23

Dixon, Hilary and Peter Gordon. ***Working with uncertainty; a handbook for those involved in training on HIV and AIDS.*** London, Education Unit, Family Planning Association, 1987. 50 p.

This manual has been written for those who have received some kind of training and would like to train others and it is also intended for experienced trainers who wish to widen their repertoire of ideas, methods and materials in the training work they already do on AIDS. The handbook has twelve chapters. Chapter One is an introduction to the approach for training used in this manual and tips on how to use the manual. The rest of the chapters consists of exercises and activities that fall under the following topics: climate setting, information, feelings and values, risk and uncertainty, prejudice, communicating sexually, safer sex, action planning, evaluation, closure and resources.

Chapter Two consists of seven activities or exercises meant for introducing the course in ways that will help participants relax and help the trainer gauge the level of knowledge and comfort in the group. Chapter Three consists of two exercises which try to establish the level of knowledge of the group on HIV/AIDS; to identify misconceptions and areas of uncertainties and to dispel the myths and correct misinformations. Exercise number one is a quiz about HIV and AIDS. The manual provides the answers to the quiz items for the use of the trainer. Exercise number two requires the participants to identify some sexual and related activities as either high risk, low risk, no risk and don't know. Chapter Four contains four activities which offer participants the opportunity to clarify their feelings and values in a safe environment and to consider their effects upon the work they do with others. Chapter Five contains four exercises which helps the trainers to discuss with participants and explore with them feelings about living with uncertainty and about weighing up risks. In these exercises, the participants are asked what risk-taking behaviour have they made, to assess the risks that other people take and assessing case studies of characters who took the most risks related to sexual behaviours or activities. Chapter Six explores the many values, attitudes and prejudices that interfere with the work of dealing with the emotive issues raised by HIV and AIDS. For example, one of the four exercises under this Chapter requires the group to explore the assumptions which surround the concepts of 'innocent' and 'guilty' in relation to HIV infection. The other exercises raise participants awareness concerning what it can be like to live with prejudice and the role of the media in misrepresenting information and in conveying prejudice and moral judgements. Chapter Seven explores the issue of communicating about sexuality. The three exercises under this chapter imply that if one is to discuss safer sex, one should be able to discuss specific sexual activities. This requires not only the ability to feel comfortable doing so but the acquisition of appropriate languages for the groups with whom the trainers work. Chapter Eight consists of three exercises which help the participants to use imagination in devising creative ways of finding sexual pleasures and by identifying some issues raised by attempting to negotiate safer sex with a partner. At the end of the course, participants are often excited by what they have learned, but are unclear as to how to turn learning into specific goals to be implemented in their lives personally and/or professionally. Chapter Nine provides two activities for action planning. Chapter Ten presents some evaluation instruments or questionnaire to evaluate effectiveness of training. Chapter 11 suggests some activities for rounding off or closing a training event while Chapter 12 lists resources in terms of books, teaching aids, audio-visual materials and videotapes and useful organizations.

The manual is guided by an approach which is characterized by four fundamental elements. First, following the humanistic philosophy, the manual provides an opportunity for participant to explore the effects of HIV and AIDS on their own lives and their feelings and attitudes towards the issues raised. Since sexuality is an emotive subject and it is inextricably bound up with one's own history and experience, the exercises in the manual encourage participants to work with their professional hats for much of the time. Thirdly, as trainers, the task is to raise awareness and possibly to change behaviour. This is the reason why most of the exercises deal with attitudes and behaviour instead of presenting the details about the epidemiology of AIDS. Lastly, HIV infection and AIDS cannot be isolated from sexual practices and behavior. This manual offers exercises to help participants explore their feelings, share their difficulties and practice communication exercises in a safe environment.

Descriptors: *Personnel Training Training Manuals; Health Manpower; Training Methods; Training Officers; Values Clarification; Activity Methods; Training; Programme Planning*

Source: Education Unit
Family Planning Association
27-35 Mortimer Street
London, W1N 7RJ
United Kingdom

24

Faltz, Barbara G. and Joanna Rinaldi. *AIDS and substance abuse; a training manual for health care professionals.* San Francisco, University of California, 1988. 100 p.

This manual has been designed for use as a training guide and as a self-paced text for health care professionals. Health care workers are particularly aware of the frustrations and difficulties faced by health care professionals providing care to IV drug users and alcoholics. This manual will offer guidelines, information, and techniques that will be helpful in providing care and developing treatment-careplans for populations often perceived as unreachable. This text will be especially helpful as part of an in-service training, where providers can participate in an interactional format. The opportunity to discuss case histories presented in this manual, as well as problem situations encountered by participants, will strengthen skills gained during training.

This manual has six sections. Section One discusses some issues for health care providers. These include the clinical, ethical and personal concerns about the issue of AIDS and substance abuse and how to cope with them. In this article, a discussion of how substance abuse is linked to AIDS is given. In addition to this, it raises the issue of substance abuse as a moral issue and confronting the patient with substance abuse problems. Two sets of guidelines are also given, one set on guide to AIDS prevention and another set on safe sex. Section Two defines substance abuse as chemical dependency on any psychoactive substance, including alcohol, to the degree that it interferes with physical, psychological or social well-being. It identifies various commonly abused substances such as depressants, stimulants, opiates, hallucinogens and gives the various names of injectable drugs. It also enumerates the various medical conditions resulting from substance abuse. To show the ways in which drugs, alcohol and AIDS are linked, the manual enumerates them and these include direct transmission of HIV virus through the sharing of hypodermic needles, sexual transmission, neonatal transmission, immuno-suppression and disinhibition. Alcohol and drug abuse interfere with the medical treatment of AIDS and can sabotage social service and mental health interventions. Because the AIDS care delivery system has difficulty coping with substance abuse problems and the substance abuse programmes have difficulty coping with AIDS patients, this package provides some techniques for coping with this problem.

Section Three contains a self-assessment tool, designed to enable the health care provider in identifying their feelings, concerns and opinions about patients with substance abuse problems and an HIV-related diagnosis. After this exercise, the manual presents a matrix of four models for the treatment of substance abuse. These models include conception of alcoholic, conception of treatment process, treatment providers and conception of treatment outcome described against the psychiatric, socio-cultural, moralistic and medical contexts. This section also looks into the barriers to substance abuse treatment. These barriers include the "why bother?" mentality which implies that somehow, substance abuse will make it easier for the patient to endure his/her illness; the personal perceptions and fears of health care providers triggered by contact with this patient; moralistic attitude towards alcohol and drug abuse and the notion that a person must "hit bottom" before an effective intervention can take place. Section Four presents four case histories which illustrate four important interventions with substance abusing patients. The first step in intervention is the assessment of a substance abuse problem. Case History No. 1 includes a guideline of symptoms of substance abuse. Case History No. 2 illustrates how the manipulative patient can often be frustrating to staff and offers suggestions for coping with similar patients. Case History No. 3 illustrates the interventions appropriate for a patient in denial of his substance abuse. Finally, Case History No. 4 and the Plan for IV Drug Users illustrate effective patient education and discharge planning for the dual diagnosis of AIDS and substance abuse. Section Five presents various care plans for dealing with eight key groups of patients, namely, the "worried well", seropositives, patients with AIDS-Related Complex (ARC), patients with a diagnosis of patients who are also gay or bisexual men, family members with an HIV-related diagnosis, women patients and ethnic minority patients. A care plan is presented for each group and concludes with a step-by-step guide for conducting the initial intervention with the patients. Each plan includes the key concerns, desired outcomes of the counselling process and initial intervention strategy. Finally, Section Six contains suggested readings, substance abuse resources, directories of AIDS support organizations.

Descriptors: *Personnel Training; Training Manuals; Health Manpower; Training Officers; Substance Abuse; Sources of Resources*

Source:
UCSF AIDS Health Project
Box 0884
San Francisco,
CA 94143-0884
U.S.A.

25

Frutchey, Chuck [and others]. *AIDS Hotline training manual.* San Francisco, San Francisco AIDS Foundation, 1987. [112 p.]

A valuable resource for all AIDS educators, this comprehensive manual provides all the information one needs to train volunteers on an AIDS hotline. This manual is used in organizing a two-day training to train volunteers in answering phone calls from persons who are interested in getting information on all aspects of AIDS. By the end of the training, the volunteers will have gained enough knowledge about AIDS, its definition, transmission, symptoms, detection, AIDS service organization treatment, etc. In addition to acquiring knowledge, the training will enable the volunteers to learn how to use the phone effectively, use the TDD machine to communicate with the hearing impaired, talk easily and professionally about sex and health-related concerns, use the appropriate reference materials and complete paperwork.

The manual consists of 12 articles and a glossary. The first article entitled "AIDS 101", describes what AIDS is, the symptoms, difference between AIDS and ARC, transmission, epidemiology, immunology, virology and treatments. The second article describes the antibody test which is a simple blood test which detects the presence or absence of the AIDS antibody in the blood. It describes what a positive and negative test mean and lists the benefits and negative aspects of the text. "Safe Sex Guidelines" categorizes various activities with regard to transmission as safe, possibly safe or unsafe. Safe activities are those that do not transmit the virus. These include solo masturbation, mutual masturbation, dry kissing, body massage, hugging, body-to-body rubbing, or unshared sex toys. Possibly safe activities are the ones which are neither safe or unsafe but for which there is no hard proof. These include anal intercourse with condom, fellatio with condom, French kissing, cunnilingus, and water sports. Considered unsafe are anal intercourse/without condom, vaginal intercourse/without condom, fellatio to climax, oral-anal, sharing sex toys. This article also gives other considerations to take into account when determining safe sex and how to use condom properly and safely. The fourth article focuses on the other various sexually transmitted diseases. It describes what chlamydia, gonorrhea, syphillis, herpes, crab lice, venereal warts, PID, vaginitis, cystitis and other intestinal parasites are. A glossary of sexual words and terms are also included. The article on "Active Listening" gives the do's and don'ts that the volunteers should follow when answering calls. It also gives guidelines on how to talk about sex professionally and what terminology should be used. It points out that it is important to identify what language level the caller is on and communicate with him/her on that level. It also gives guidelines on how to handle chronic callers and crisis callers and determining what to do with them. Two types of crisis calls are dealt with: mental health crisis and mental health crisis with some suicide risk.

AIDS has been often viewed as a gay, male disease. The following article on "Women and AIDS" discusses that women also get the disease. The article presents the ways in which the virus can be transmitted among women, namely, through pregnancy or mother to foetus, prostitution and female to male transmission. It does not confirm virus transmission among lesbians. The following article deals with pediatric AIDS. It points out that in young children and babies with AIDS, two risk factors are primarily associated with infection: receiving blood or blood products and birth from a mother who has AIDS or HIV virus. Women may transmit the virus to their babies in utero, at birth, or possibly through breast milk. It also describes how to care for babies with AIDS and give some guidelines regarding the issue of children with AIDS attending school. "Minorities and AIDS" reports that AIDS cases by race/ethnicity differed by recognized transmission categories for AIDS. For example in the United States, gay men and bi-sexual men who had AIDS were predominantly white while AIDS patients with IV drug users or with heterosexual contact were predominantly Black and Latins. The article also gives some guidelines to the volunteer on how to talk to a minority caller. As for callers who inquire about transmission through needle sharing, an article enables a volunteer to give directions on how to clean the needle properly and how to subtly convince them to change their habits and give up drug use. This article is followed by a list of intravenous drug use terminology. The last two sets of guidelines focus on Hotline rules and regulations and how to transfer a hotline call. Appendices are also found at the end of the book and they include a glossary of AIDS-related terms, national AIDS statistics, articles on how infections are transmitted, infection precautions for persons giving direct care to persons with AIDS in the home, infection precautions for people with AIDS living in the community, and classification system for HIV infection.

Descriptors: *Personnel Training; Training Manuals; Media; Telephone; Hotline Counsellors; Ethics; Interpersonal Communication; Glossaries*

Source: San Francisco AIDS Foundation
333 Valencia Street
4th floor
San Francisco, CA 94103
U.S.A.

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World Health Organization/Unesco. *Education to prevent AIDS in the Pacific; a guide for teacher training (draft).* [Suva, Fiji, Office of the Regional Adviser for Population Education in the Pacific] 1989. 135 p.

This guide is aimed at assisting teacher trainers in the Pacific in training teachers to teach AIDS/STD in schools. Together with a teaching guide, this guide is a product of a Regional Workshop on the Development of Instructional Materials on AIDS Education held in Fiji last January 1989. It provides a framework within which teacher educators can work with teachers to help young people learn the facts about AIDS and other STDs, and to make mature decisions that will lead to reduced risk for themselves and others. Accurate information, attitudes, values and skills developed in the schools can have considerable impact on the lives of these young people. This guide is intended to train teachers in producing this impact. The guide has two sections. The first provides a general introduction and guide on teacher training for AIDS/STD education. The introduction discusses the various aspects of training teachers on AIDS/STD education which should be taken into consideration. These include selection of teachers to teach programmes about AIDS/STDs; a prototype 5-day course workshop on AIDS education for teachers in the Pacific, which includes the objectives, training materials and activities; a day-by-day schedule and the guidelines for general organization of the workshop. The guide suggests that the following categories of people should be given training: (i) a teacher within the school system; (ii) a community resource person; (iii) both teachers and community resource people; and (iv) peers. It also presents six guidelines for organizing the workshop. These include the presentation of an overview of the development of AIDS/STD education; specifying the objectives to the participants; active involvement of the trainees, whether in discussion, participating in activities, preparing materials, or suggesting ideas; making a list of materials including video tapes which could be used in training; conducting demonstration lessons and after every session, discussing the day's experiences including any concerns that the teachers might have.

The second section of the guide provides more practical suggestions and instructions on how to conduct the five-day workshop, day-by-day. Day one is aimed at developing the knowledge on AIDS/STD of the teachers. It consists of session on the general introduction to AIDS/STD, transmission, symptoms and prevention of AIDS/STDs, transmission/non-transmission of HIV, transmission of STDs, goals and objectives of School AIDS/STD programmes and content of programmes about AIDS/STDs. Day two is devoted to increasing teachers' awareness of key values and issues related to sexuality and AIDS and also provides opportunity for teachers to learn the skill of conducting values clarification. The day consists of sessions on personal values about sexuality and AIDS, values clarification, personal and community values about sexuality and AIDS, cultural values about sexual expression and values towards those infected with HIV/AIDS. Day three focuses on developing skills for communicating for safer sex and making decisions regarding sex. It includes sessions on decision-making regarding sex and STDs, how to say 'no', communication for safer sex and talking about STDs/AIDS. Day four enters into more practical sessions which will prepare teachers to teach about AIDS/STD prevention. It includes sessions which will train teachers how to listen, draw out or elicit ideas, use sensitive words, respond to anonymous questions regarding sexual behaviour and how to involve parents and community in education about AIDS. It also deals with the moral, cultural, religious and philosophical issues in education about AIDS/STDs and presents guidelines for preparing for teaching practice with peers. The last day provides a sample demonstration lesson or teaching to put into practice what they have learned from the four days. The demonstration lesson will enable the teachers to become more comfortable in teaching sensitive topics. The guide also contains a questionnaire for evaluating the teacher skills through classroom observation and for evaluating the workshop as a whole.

Descriptors: *Personnel Training;*
Teacher Training;
Training Manuals.
Training Programme Planning; Training Methods;
Teacher Educators

Source: Office of the Regional Adviser for Population Education in the Pacific
c/o UNDP
Private Mail Bag
Suva
Fiji

SECTION 4 – CARE AND MANAGEMENT OF AIDS PATIENTS AND THOSE AT RISK

27

Delaney, Martin [and others]. *Strategies for survival; a gay men's health manual for the age of AIDS.* New York, St. Martin's Press, 1987. 320 p.

This comprehensive handbook is based on the experiences of gay health workshops and support groups. It provides health care workers, educators and counsellors with a tool kit of health maintenance strategies for gay men who are already ill, newly infected or simply scared. This book is designed to help gay men better understand what health is and how to maintain it; to evaluate their personal risk for contracting AIDS; to decide what changes if any, can be made in key aspects of their life which affect their health; to learn a process for implementing change and to recognize the threat of AIDS to themselves and their community.

The book contains seven chapters. Chapter One, "Health in the Age of AIDS" discusses the meaning of health itself and how the gay community has been affected by the AIDS crisis. It also introduces a four-step planning process for establishing a personal health plan, a means of doing something about the challenges the gay community face. The health planning model is then applied in each of the key subject areas addressed in subsequent chapters. The main goals for establishing a personnel health plan is to minimize the risk of exposure or exposing others to the AIDS virus and to strengthen the body's defenses against disease. The integrated health plan is based on a four-step process, namely, Step One: Where am I now? Step Two: Where do I want to be?; Step Three: How am I going to get there?; and Step Four: How do I implement the plan? Chapter Two examines the sexual activities of the gay community and how these activities have greatest impact on the risk of contracting AIDS. It begins by asking the reader to make an inventory of the type and frequency of sexual activities they undertake and what type and how many lovers. Then it recommends some guidelines for safer sex including the rating of various sexual positions as to the degree of risking AIDS virus. After knowing the type and frequency of sexual activities the gay reader engages in, he is asked to evaluate the degree of risk he has accepted in his sexual practices. Then a following exercise helps the reader to decide which sexual practices he wants to change or want to continue. Once the person has decided to make changes, he establishes goals through an exercise called goal setting. This is followed by the formulation of action plan. For example if the goal is to limit your sex partners to one safe sex partner or use condom, it should also consider the resources and sources of information which can be called on for help and what one can do to meet the needs. The intent of Chapter Two is to reaffirm sexual possibilities and re-establish a robust sexuality as one of the options – in spite of AIDS. Some have ignored the implications of AIDS to preserve their freedom which will lead to disaster. Abandoning sexuality is likewise a poor long-term solution because it runs counter to the gay's nature. This chapter gives all the alternatives and rationales for a changing life-style among gays due to the advent of AIDS.

Chapter Three shows the link between stress, overall health and the immune system that if "we are concerned about AIDS, we need to be concerned about stress". Stress weakens the immune system and facilitates a faster spread of AIDS. The chapter defines what stress is and enumerates the three aspects of the gay men's life which are subject to stress. An exercise is given where the reader is asked to list the situations which put stress in his life and the resources he feels he has to respond to the demands. After identifying the stressful situations, the reader is asked to determine level or amount of stress a gay is experiencing in a homophobic world and stress of the AIDS crisis. With the knowledge of the various stress one experiences and the level of stress, the chapter describes two strategies for managing stress, e.g. stress prevention and stress reduction and recommends several techniques for stress management. Chapter Four is based on the assumption that substance use has long been part of the gay culture and with the spread of AIDS, substance use have negative impact to those who are ill with AIDS or ARC. Substance use has a role to play in the risk of developing AIDS, and ARC. The chapter defines what substance use is, enumerates the physical consequences of drug use, shows the relationship between drug or substance use and AIDS. The last part recommends ways to break out of dependency on substance use. It states that if gays have used drugs to meet their needs, they should find another way if drug behaviour is to be changed. It enumerates the various alternative sources of meeting the needs which are less harmful to their health and less threatening in light of AIDS.

Chapter Five shows how important social support is, i.e, friendship, companionship, community and love, in facing the challenges of AIDS. Friendship and warm personal contact have also a significant preventive role as well. It maintains that two key aspects of social involvement are necessary to support health: adequate number of contact with other people and the quality of interactions and the degree of satisfaction one derives from them. This chapter discusses the social impact of AIDS; how friendship serves as a strong medicine and suggests how one can mobilize the support of friendship backed up by resources of the community. Furthermore, it provides guidelines as to how one can cope with a positive response on the AIDS antibody test, with a diagnosis of ARC or the early stages of AIDS, or with a diagnosis of full-blown AIDS and the final days and loss of a loved one. Chapter Six deals with exercises and nutrition. It examines how exercise and fitness efforts relate to the two key aspects of facing AIDS: (i) minimizing the risk of exposure to the virus; and (ii) strengthening the body's defenses. It discusses what fitness is and the psychological impact of fitness. After making the reader assess his state of health and fitness level, he makes a fitness plan. The fitness plan includes different exercise sessions and various nutritive diet and habits. Lastly, it discusses about special diets and AIDS, giving a sample of a daily food guide. The final chapter explores the fundamental threat of AIDS. It deals with three themes: coping with the rage, helplessness, and emotional turmoil which many gays feel over the epidemic; making medical decisions which may affect their lives and taking a stand as a member of a community under siege. It provides guidelines for coping with emotions, coping with uncertainties and mourning and loss. Moreover, it discusses the various treatment strategies, counselling and facing the challenges through AIDS activism. The publication also contains an appendix which lists resources in two broad categories – community services and support materials (reading and videos).

Descriptors:	*Medical Care; Guides; Health Manpower; Homosexuals; Hygiene; Training Materials; Reading Materials; Activity Methods; Counsellors; Health Educators; Sources of Resources*

Source:
St. Martin's Press
175 Fifth Avenue
New York, N.Y. 10010
U.S.A.

San Francisco AIDS Foundation
333 Valencia Street
4th floor
San Francisco, CA 94103
U.S.A.

28

Helquist, Michael, ed. *Working with AIDS: a resource guide for mental health professionals.* San Francisco, University of California, 1987. 299 p.

This volume has been designed as a training manual and a resource guide for all mental health professionals who work with AIDS-related issues. As the public becomes increasingly aware and concerned about AIDS, more mental health professionals will find their clients needing and requesting AIDS-related information and services. This guide addresses concerns relevant to mental health and social service workers, psychiatric nurses, substance abuse counsellors, youth workers, women's health care providers, hospice and home care workers, minority health clinics, hemophilia care centres, and community-based AIDS service organizations. This guide may be most helpful to individuals who are about to see their first client diagnosed with AIDS or ARC, their first client who is either considering taking the HIV antibody test or who has tested positive, or their first client who is grieving over a loved one's death from AIDS-related complications. Mental health professionals already engaged in AIDS work may find that their expertise has attracted new clients from different population and ethnic groups. In these cases, the chapters focused on special populations and special behaviours may prove particularly helpful. This guide can be used by the individual mental health providers as well as by discussion groups and support groups. It is particularly intended for in-service training and special AIDS training sessions. The guide can be used with the video "The other crisis; AIDS and mental health", which was developed to complement this guide. In the introduction, the manual has moved into the office of every mental health professional. Given the anxiety, the depression, and the grieving brought on by the presence of AIDS in our society, it becomes increasingly clear that AIDS is as much a psychological crisis as it is a medical crisis. But it may be hidden from some clinicians unless clients are specifically asked about their concerns and their possible exposure to the AIDS virus.

Effective AIDS-related interventions require that clinicians understand basic AIDS information and incorporate it into their assessment of clients. This includes taking careful drug use and sexual histories to determine a client's level of risk for contracting the disease. Furthermore, clinicians must identify and respond to the mental health problems common among persons already exposed and infected. This process is often complicated by the clinician's own psychological reactions to issues, such as facing death, dying, and homosexuality.

This guide consists of eleven chapters and appendices. Chapters One and Two provide basic information about AIDS, ARC and HIV infection and the central nervous system complications in AIDS. Chapters Three and Four focus on AIDS antibody testing and the worried well with a special focus on the treatment issues and approaches in the long-term care of patients with AIDS. Chapters Five, Six, Seven, Eight, Nine and Ten discuss AIDS in various groups such as women, ethnic communities, drug users, youth, homophilliacs, families and friends. All of these are related to mental health issues such as AIDS-related suicide which presents a dilemma for health care providers, treatment of AIDS/ARC patients in the psychiatric unit and the psychiatric and ethical issues in the care of patients with AIDS. Chapters in this volume address the concerns of specific groups of potential clients: those at high risk for exposure to AIDS; those diagnosed with AIDS or ARC or HIV infection; and those whose lives are touched by the diagnoses and deaths of loved ones. Each chapter follows the following format: (1) an overview of how AIDS affects the specific population group; (2) a discussion of pertinent treatment issues; (3) case histories that illustrate how AIDS can disrupt an individual's life; (4) interventions and counselling plans; (5) a set of discussion questions for use by individuals or for use during staff meetings and in-services; and (6) a cross reference guide directing the reader to related issues discussed elsewhere in the guide. Each chapter also includes comments and observations of mental health professionals who have worked with AIDS for several years. These individuals were interviewed for the video "The other crisis; AIDS and mental health," produced by Adair and Armstrong of San Francisco and funded by the Department of Mental Health, the State of California. Appendices in this volume include a glossary of AIDS-related terms, a compendium of medical treatments and known side effects, a list of national and state organizations that serve as resources, selected references for clients, and selected bibliography for health care workers.

Descriptors: *Medical Care; Training Manuals; Mental Health; Psychological Aspects; Social Workers; Counsellors; AIDS Friends; AIDS Families; High-Risk Groups; Youth; Public Health; Primary Health Care; Sources of Resources; Glossaries*

Source:
UCSF AIDS Health Project
Box 0884
San Francisco,
CA 94143-0884
U.S.A.

Network Publications
ETR Associates
P.O. Box 1830
Santa Cruz
CA 95061-1830
U.S.A.

29

Kurland, Morton L. *Coping with AIDS: facts and fears.* Rev. ed. New York, Rosen Publishing Group, 1988. 210 p.

The book is aimed at providing another point of view about the AIDS problem not only for those suffering but also for the adolescents, family members and friends. It describes what the disease is and how it can be prevented, controlled and ultimately cured. There are means to fight the threat of AIDS and the book proceeds to do this. The book goes about this by defining first what AIDS is, explaining how the AIDS virus attacks the body. To present to the readers a better understanding of what a virus is, the book describes the smallpox, malaria, tuberculosis, cholera, syphilis and other diseases caused by virus and bacteria and how the treatment or cure and vaccination were discovered for each of these diseases. The problem now, it states, is to discover a cure or vaccine for AIDS. From a discussion of virus, the book goes into a discussion of safe sex and how safe sex can be achieved. The use of condom as one of the ways for achieving safe sex is thoroughly discussed. It also provides some pointers for starting conversation with a new sex partner so that one can begin talking about AIDS. The pointers also include how to suggest the use of condom and finally how to encourage one's partner to undergo an AIDS test. Through the help of illustrations, the book dramatizes and portrays how the AIDS virus kills. It shows how the AIDS virus enters the blood and goes directly to attack T Helper cells after which the virus destroys the T Helper cells. Eventually, if the AIDS virus kills enough T cells, the human body becomes totally defenseless. Since the virus enters the circulatory system and there invades the T-cells, certain specific areas of the body are most vulnerable to attack. The AIDS virus spread through blood, through sexual intercourse, the use of contaminated needles and mother to womb. The book also groups the various people who are at risk of getting infected with the AIDS virus. Its main message is that it is not only an infection for homosexuals or Haitians or drug addicts or the minority groups – anyone can become infected.

The book then traces the history of the AIDS virus by indicating that the AIDS virus arose somewhere in central Africa; specifically it was found in the green monkeys of Central Africa and spread it to human beings where the virus became a fatal virus. Since that spread, AIDS has become an epidemic and the book cites statistics and projections of the number of those infected and predicts that by the year 1991, there will be a quarter million deaths from AIDS every year in the United States alone. It cites the various research studies which had been conducted to find a cure or treatment for it. It also explains how difficult it is to discover a vaccine to prevent the AIDS virus from infecting. AIDS epidemic is also compared to the many epidemics that have occurrd in the past, showing how it took years to discover a treatment. Thus, the book warns that in the meantime, people should avoid the hysteria, superstition and panic that accompanied both the plague and syphilis when they first appeared. Thus, while a vaccine and cure are being searched, the best thing to do is to stay as healthy as possible and maintain good mental and physical health. Those who have been infected must learn how to cope with it. The psychological stresses that people undergo when they are threatened with death are extremely severe. It may also be true when members of their family are involved. The book gives some pointers on how to cope and deal with such stresses. The book states that since there is not an ounce of cure, much less a pound, then the best thing to have is prevention. It recommends ways of preventing being infected by the virus such as avoidance of inappropriate partners and use of condoms, using one's own blood for blood transfusion, educating drug addicts not to share infected needles. Finally it presents challenges to the readers to take their future in their own hands when dealing with AIDS problem. The book also carries a question and answer section which consists of a series of questions frequently asked concerning AIDS, a glossary of technical terms and a directory of Crisis Centres.

Descriptors: *Guides; Reading Materials; Youth; Medical Care; AIDS Friends; AIDS Families; Glossaries; Source of Resources*

Source: Rosen Publishing Group, Inc.
29 East 21st Street
New York, N.Y. 10010
U.S.A.

30

Maxey, Linda. *AIDS medical guide*. 2nd ed. San Francisco, San Franciso AIDS Foundation, 1988. 35 p. (A series of handbooks for people with AIDS).

This booklet, meant for people with AIDS, provides detailed information about the opportunistic infection that affect the AIDS patient. AIDS does not result in a single disease or illness. It encompasses a collection of symptoms or diseases. AIDS is caused by the Human Immunodeficiency Virus which has attacked and severely weakened a portion of the immune system. When the damage is severe, the body is left unable to fight off certain infections and cancers that healthy immune systems can destroy with ease. Because these infections only occur when the opportunity is right, they are called "opportunistic infections". There are four types of HIV infection: (i) acute infection or when HIV enters the body and infects T-cells wherein an antibody test will show positive results and the person starts experiencing the symptoms; (ii) asymptomatic infection where after becoming HIV antibody positive, the person remain free of any symptoms and may not even know they had been infected but is capable of transmitting it to others; (iii) persistent generalized lymphadenopathy where a person with HIV antibody positive test has persistent enlarged lymph glands lasting longer than three months; and (iv) ARC or AIDS-Related Complex which indicates more extensive and severe immune system damage from HIV infection. Before it describes the various opportunistic infections, the booklet describes how HIV infection is diagnosed, the treatment, how HIV is transmitted and how to prevent infection.

There are seven opportunistic infections resulting from HIV infection which are described in this booklet. The first one is called Primary HIV Encephalopathy or AIDS Dementia. The HIV infects the brain and impairs the persons's mental functioning, changes in personality behaviour and ability to control movement. At the most advance stage, the person develops psychotic behaviour with hallucinations, paranoia and/or grandiose thinking. The second opportunistic infection is Kaposi's Sarcoma or cancer of the cells that line certain small blood vessels. It is characterized by bluish to reddish purple discolorations and these lesions can be flat and smooth or raised and nodular. The Kaposi's Sarcoma can be treated by chemotherapy, immune modulators and radiotherapy. The third opportunistic infection is lymphomas or cancer of the lymph system. Lymphoma occurs when there is uncontrolled growth of primitive or abnormal cells in this system. Lymphoma may develop in a person already diagnosed with AIDS or be the first presentation of AIDS in an HIV positive person. Common symptoms include painless enlargement of lymph nodes, unexplained fever, night sweat and weight loss. The treatment for this disease is a combination of chemotherapy, a carefully individualized schedule and a particular dosage of chemotherapy drugs. Pneumocystis Carinii Pneumonia (PCP) is the most opportunistic infection seen in people with AIDS. It is caused by a tiny organism called protozoan which enter the lungs. PCP is not always fatal. Recovery from PCP, however, is not recovery from the underlying HIV infection and immune deficiency. The symptom of PCP are shortness of breath, dry cough, unusual chest discomfort, fevers, difficulty walking upstairs. The standard treatment of PCP is drug therapy with Trimethoprim sulfamethoxazole or Pentamidine. Both are known to be effective in controlling Pneumocystis protozoa and thus treating PCP. The protozoan also causes birth defects in children born to mothers infected during pregnancy. This is called protozoan Toxoplasma gondii. Another disease caused by protozoan called cryptosporidium is cryptosporidial diarrhea which can go on for a month. Fungal diseases also manifest as opporunistic infections for AIDS. Among these are Candida which infect the mouth, exophagus and occasionally the skin around the armpits, groin and rectum and cryptococus which affects the membrane covering the brain and spinal cord and results in meningitis. Another opportunistic infection is called Mycobacterium wherein Mycobacteria infect the respiratory tract. The most common symptom is prolonged severe wasting. Other symptoms may include fever, fatigue, swollen glands, night sweats and diarrhea. Viral diseases which manifest an opportunistic infection include cytomegalovirus, Herpes and Progressive Multifocal Leukoencephalopathy (PML). Cytomegalovirus is commonly found in people with AIDS. It is a member of the Herpes virus family. In people with AIDS, it can infect major organs and most commonly results in pneumonia, colitis, encephalitis and retinitis. Herpes virus cause cold sores or fever blisters on the mouth. It also causes painful sores around the anus or genitals. Herpes zoster also called shingles, are small very painful blisters on the skin. The PML is an opportunistic infection caused by the papovavirus that infests and damages the coating around nerves in the brain. The most common symptoms include weakness of arms and legs, vision impairment, difficulty in walking and speech impairment.

Descriptors:	*Medical Care; Reading Materials; Opportunistic Infections; General Public; Glossaries*
Source:	San Francisco AIDS Foundation 333 Valencia Street, 4th floor San Francisco, CA 94103 U.S.A.

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Moffatt, Betty Clare [and others] ed. *AIDS: a self-care manual.* Santa Monica, IBS Press for AIDS Project Los Angeles, 1987. 306 p.

This manual is comprehensive in its coverage of many of the concerns and needs of people exposed to the AIDS virus, diagnosed with AIDS symptoms, worried about AIDS, and grieving for those who have been diagnosed with the disease. This information is presented to help concerned individuals learn all they can about the AIDS epidemic. This book can help one better care for oneself and loved ones, feel more in control of one's own life, and help them work with health care providers to obtain the best care possible.

There are ten sections in this manual. Section One, *AIDS: an overview,* presents current basic information on AIDS, as well as current facts and fictions about AIDS. Comprehensive medical information, intended primarily for health-care providers, is covered in greater detail in Section Three, *A Medical Perspective;* Section Four, *Treatment: A Therapeutic Perspective;* and in the symptom management portion of Section Six, *A Self-Care Perspective.* So a reader concerned with the medical management of AIDS would look in Sections Three, Four, and Six, although there is, of course, considerable overlapping information in other sections of this book. Section

Two, *A Socio-Psychological Perspective,* deals with various aspects of the needs of a person with AIDS, the family, the friends, the workplace, the social implications of youth and children at risk, and finally, the impact of AIDS seen in the light of a terminal illness. Here the concerns are more personal, more meaningful. It is suggested that everyone concerned with the AIDS crisis would especially benefit from Section Two, *A Socio-Psychological Perspective,* as well as Section Nine, *A Healing Perspective.* In addition to the medical data, Section Three offers useful general information about every type of AIDS-related illness, including AIDS infections and malignancies, ARC, Hemophilia, and an integrated power approach to the AIDS health problem. Section Four, *Treatment: A therapeutic Perspective,* offers alternative approaches to AIDS wellness, along with more information on the medical aspects of AIDS. Section Five, *Prevention: A Socio-Sexual Perspective,* carries the following disclaimer, "Warning: Sexually explicit material. NOT reading this can be dangerous to your health". This section should be read by every sexually active man and woman, whether heterosexual, bisexual, or homosexual. Presented in clinical sexually explicit language, the information can quite possibly save your life. This section is a valuable, life-enhancing practical tool for all sexually active persons.

Section Six, *A Self-Care Perspective,* offers practical and useful home care guidelines, as well as nutrition, hygiene, dental care, and symptom management. Care givers, including family members, will find this section especially helpful, as will the person with AIDS. Section Seven, *A Practical Perspective,* helps the person with AIDS to take care of business. It covers social services, benefits, and the practical aspects of making a will and power of attorney. Of special interest is a comprehensive guide to health, disability, and life insurance in "Understanding Your Insurance Policies". Every person with AIDS can benefit greatly from reading and applying the ideas presented in this section. Section Eight, *A Spiritual Perspective,* written by an esteemed team of ministers from various denominations, offers a thoughtful assessment of spiritual issues and needs. This section is not just for the clergy. On the contrary, the spiritual awakening that often accompanies a life-threatening illness spills over into the lives of everyone connected with the AIDS patient. Section Nine, *A Healing Perspective,* offers life enhancing acceptance and love in the very face of death with "Experiencing the Powers of Healing", a moving account of a friend's search for healing in the face of death; "A Healing Meditation"; and finally, a legacy of love from a son to his mother as they go through the final days of his life together. Section Ten, *Self-Care Resources,* offers a wealth of useful information through the glossary of AIDS-related terms, as well as the two appendices: one listing AIDS-related organizations and hotlines; the other listing current helpful books, pamphlets, and tapes related to AIDS. Following the Index are several self-help forms and charts for use by persons with AIDS and by care-givers.

Descriptors: *Medical Treatment; Medical Care; Social Aspects; Psychological Aspects; Clinical Aspects; Legal Aspects; Safe Sex; Guides; General Public; AIDS Patients; AIDS Friends*

Source: IBS Press
744 Pier Avenue
Santa Monica, CA 90405
U.S.A.

AIDS Project Los Angeles
3670 Wilshire Boulevard,
Suite 300
Los Angeles, CA 90010
U.S.A.

32

Quackenbush, Marcia, comp. *Stress management teacher's guide; a facilitator's manual for stress management for people at risk for AIDS.* San Francisco, UCSF ADIS Health Project, 1987. [102 p.]

This publication is a facilitator's manual for stress management for people at risk with AIDS. A comprehensive guide for any group leader, this manual provides guidelines for leading successful groups and relaxation exercises. It is a manual used for organizing a stress management workshop whose main rationale include the facts that people faced with the necessity of making significant changes in their behaviour will do so more effectively with peer support; that decreasing unnecessary stress and anxiety about AIDS will allow people to make clearer and better decisions based on necessary concerns for their health; and that stress might be a cofactor in contracting AIDS and through stress management skills, the immune responses might actually be strengthened.

The manual first presents a set of guidelines for group leaders on how to make groups work. It recommends that leaders must provide a smooth interaction of didactic material, group discussion and experiential exercises; take active role in managing the workshop and provide a safe and respectful environment and must model appropriate group behaviour. It also provide some guidelines for undertaking relaxation exercises. The second part provides the session outlines, lecture notes, leader's instructions for relaxation exercises and handouts for group members. There are eight sessions to be undertaken for eight weeks. The first week will enable the group to learn the definition of stress and understand the implications of stress and management for health and will have an opportunity to discuss their personal experiences regarding stress and AIDS. Two simple relaxation exercises will be learned, "One Full Breath" and "Progressive Muscle Relaxation". Week two will enable group members to have a cognitive understanding of the physiological mechanisms of stress and how these can affect health and will be given a structure to use in increasing their awareness of the presence and effects of stress in their daily lives. For relaxation exercise, "Breathing Meditation" is taught. Week three will enable the group members to become familiar with the idea that reactions to change may create stress implicated in health functioning. A model for problem-solving is presented and used as a resource for stress management. Personal experiences about AIDS will be used to suggest that AIDS has brought about many important changes and has created many problems to be considered. In week four, current guidelines for safe sex practices will be clarified and the concept of "conscious sexuality" will be discussed. Personal changes in sexual behaviour made since the onset of the epidemic will be reviewed and future changes that might be desirable will be considered. This session will enable group members to have the opportunity to reflect on the impact AIDS has had on their sexuality and learn a relaxation exercise using a partner. In the fifth week, a cognitive framework for understanding and dealing with stress-provoking thoughts will be introduced. It will also discuss the links between homophobia and AIDS and teach the members a new breathing exercise. The sixth week will enable the group members to develop specific measurable goals to establish a general stress management programme. In the seventh week, the influence of social network on health status will be presented. It will also discuss the special history of social isolation of gay people and its implications in the AIDS epidemic. This session will enable the group members to evaluate their own social support networks and consider behaviours that might enhance the positive functioning of those network. The final week will review and assess the materials presented in the group, the skills of the facilitators and the general success of the group. It will also review and assess personal progress in stress management planning.

The manual also presents about eleven exercises for relaxation and instructions for leaders on how to go about conducting them are given in details. These relaxing exercises include five-count breathing, counting backwards, elevator, visualizing progressive muscle relaxation, counting breaths backwards, back to back breathing, a safe place, a pebble drops, coloured light visualization, closing circle exercise, etc. The manual also includes about 13 handouts for group members. The handouts cover topics on stress scale, multidimensional aspects of stress, problem solving, six types of thinking, ways to change harmful thoughts and setting up stress management programmes. Background articles are also given on guidelines for group members, AIDS health project and other materials on AIDS. The last part consists of bibliography of materials on stress and AIDS.

Descriptors: *Medical Care; Guides; Training Manuals; Health Manpower; Mental Stress; Psychological Aspects; Mental Health; Activity Methods; Primary Health Care; Sources of Resources*

Source: UCSF AIDS Health Project
Box 0884
San Francisco,
CA 94143-0884
U.S.A.

33

U.S. National Academy of Sciences. Institute of Medicine. *Confronting AIDS; directions for public health, health care, and research.* Washington, D.C., National Academy Press, 1986. 374 p.

This report is a result of a study which assessed the extent of the AIDS problems to propose an appropriate national response. It assessed the current understanding about AIDS virus, its transmission, the natural history of infection and associated disease and the epidemiology of conditions associated with the virus. It also reviewed the nation's response to AIDS with regard to research necessary for prevention and treatment, provision of care and its financing and public health measures designed to control the disease. This report then presented recommendations for the implementation of a strategy for the control of AIDS. The major recommendations include a massive media, educational and public health campaign to curb the spread of HIV infection and long term and comprehensive programmes of research in the biomedical and social sciences intended to prevent HIV infection and to treat the diseases caused by it.

After a summary chapter that presents the report's major findings and recommendations, Chapter Two lays out the present understanding of the disease and the current status of the AIDS epidemic, providing the essential background information upon which the report based its conclusions and recommendations. This chapter discusses the causative agent of AIDS, pathogenesis of AIDS, clinical manifestations of HIV infection, modes of transmission of HIV, population groups at increased risk of HIV infection and mention some epidemiologic studies and findings. Chapter Three then projects the epidemic into the future, suggesting its most likely course and discussing the uncertainties that any such projections entail. It also includes a brief discussion of the resources that could be brought to bear on the problems the epidemic has generated. Chapter Four examines the measures available now, e.g., education, that could alter the course of the epidemic. It covers topics such as what should the objectives, and content of public education be, who needs education and who should do the educating. In addition to these, the chapter describes the various public health measures, funding for education and other public health measures and discrimination and AIDS. Chapter Five discusses the implications of the epidemic's projections for the provision and financing of health care related to HIV infection and AIDS in the United States. Specifically, it describes the roles of health care providers, the health care settings for AIDS patients, needs of specific patient populations, psychiatric and psychosocial support, ethical aspects of providing care and costs of health care. Chapter Six identifies areas of research that will be critical in the long term for devising better means of prevention and treatment. These areas include the structure and replication of HIV, natural history of HIV infection, epidemiologic approaches to understanding the transmission and natural history of HIV, antiviral agents, vaccines, and social science research needs. Chapter Seven looks at the international aspects of HIV antiviral agents, vaccines, and social science research needs. Chapter Seven looks at the international aspects of HIV infection and AIDS and at the United States' contribution to solving those problems. Eleven articles comprised the appendices. These articles cover topics on clinical manifestations of HIV infection, serologic and virologic testing, risk of HIV transmission from blood transfusion, list of background papers, list of presentations of public meetings, bibliographical notes on committee members, glossary and others.

Descriptors: *Medical Care;*
Medical Research;
Epidemics; AIDS Prevention Education; Medical Treatment; Public Health; National Programmes

Source: National Academy Press
2101 Constitution Avenue, N.W.
Washington, D.C. 20418
U.S.A.

SECTION 5 – AIDS INFORMATION FOR SPECIFIC GROUPS: WOMEN, CHILDREN, BROADCASTERS, TEENAGERS AND EMPLOYERS

34

Hyde,Margaret O. and Elizabeth H.Forsyth. *Know about AIDS.* New York, Walker and Company, 1987. 68 p.

Children have a natural sense of wonder and curiosity about the world around them. They ask for and deserve satisfying answers to their questions. This book, one of the first books on the subject for children aged 8 to 12, discusses with sensitivity and clarity this disease which has filled the world with deep concern. The book has ten chapters. The first chapter discusses AIDS as a new problem. Many young people who are growing up cannot remember where they first heard about AIDS. They know that Grandma and Grandpa never heard of it. AIDS appears to be a new disease and this chapter defines what it is. Chapter Two answers the question: who gets AIDS? Male homosexuals, drug addicts, sexual partners of people with AIDS or of those who carry it, babies whose mothers have AIDS and people who were infected with blood transfusions are the persons listed by the book who can get AIDS. It also discusses how certain behaviours put people at risk for AIDS virus infection and shows how some people get sick faster than others. Chapter Three describes the AIDS virus and how this virus attacks the immune system and result in various related illnesses. It categorizes people with AIDS into three groups: people infected with the virus who have not become seriously ill; people who have AIDS-Related Complex or ARC and those with full blown AIDS. It also stresses that there are people who get infected with the virus but do not get sick. Nevertheless, they can infect other people as well. Where did AIDS come from? Chapter Four tries to answer this question. It states that no one really knows when or where AIDS began. The first known reports of AIDS appearance was in the United States in June 1981 and AIDS was called a syndrome not a disease giving it the name Acquired Immune Deficiency Syndrome. According to some theories, the virus that causes AIDS was widely present for a very long time without causing any much illness. Then the virus changed in a way that made it more deadly. According to other theories, an AIDS virus might have originated from animals, perhaps the green monkey in Africa or perhaps the virus existed in humans in Central Africa for hundreds or even thousands of years. Chapter Five presents the geography of AIDS or how AIDS spread in different continents.

Chapter Six deals with AIDS at home and in school. It presents a case of a nine-year old girl who contracted AIDS and was taken care of by another family. Her problem started when she went to school and there was a talk of strike being called if the girl is admitted. The PTA president called a meeting explaining to them that AIDS cannot be easily transmitted by casual contact and by the end of the meeting, most parents were ready to accept the girl. Chapter Seven deals with death from AIDS through a story of a father whose bisexual behaviour made him contract the virus. The story is unfolded through the eyes of the daughter who learns how to cope with her sick father and how she and her mother cared for him until his dying day. The chapter basically shows how to cope and deal with death in the family. Chapter Eight focuses on the search for a cure. It states that although no one has yet found a cure or vaccine, more than 30 new drugs are being tested. One of these known as AZT seems more promising than the others.

It also points out the difficulty of developing an AIDS vaccine because the core of the AIDS virus is made of different chemicals and the structure of the virus is very complicated and has the ability to change itself. A vaccine against one form might not work against even a slightly changed virus. Chapter Nine discusses about AIDS test and who should be tested. Among the people listed by this chapter include men and women in the armed forces, and diplomats who will go to places where safe blood is not available, every woman who is considering pregnancy, and those who are applying for marriage licences among others. Chapter Ten urges that everyone needs to know about AIDS. Young people of tomorrow need not die from AIDS for they can avoid behaviours that put them at risk. Children and adults need to know how AIDS is spread and what AIDS can mean in the future. While AIDS poses the greatest health threat of modern times, education is still considered the best way to deal with the crisis.

Descriptors: *Reading Materials; Children; Human Immunodeficiency Virus; Vaccines; Disease Transmission; AIDS Antibody Tests; Medical Treatment*

Source:
Walker and Company
720 Walker Avenue
New York, N.Y. 10019
U.S.A.

35

Kesden, Bradley. *Sex, drugs and AIDS.* Based on the film 'Sex, drugs and AIDS', produced by Oralee Wachter and Lynne Smilow. New York, Bantam Books, 1987. 76 p.

This is a booklet which talks frankly to teenagers about AIDS. Based on the award-winning film, *Sex, Drugs and Drugs and AIDS* currently being shown by schools and community groups, it answers the crucial questions young people – and their parents – are asking about AIDS. The booklet excerpts the text and the scenes from the film and contains photos derived from the 18-minute film. It starts with a film star, Rae Dawn Chong, as a narrator. She states that there's been a lot of wrong information going around about AIDS, so she would try presenting the basic facts about AIDS. She starts with the good news first -- that is, AIDS is hard to get. Then she enumerates the ways one cannot get AIDS and these are depicted by photos taken from the film. This is followed by the hard facts: how AIDS virus destroy the immune system and how AIDS virus is contracted. The booklet zeroes in on drug use as one way of contracting AIDS through needle injection and the other is through sex. The narrator recommends the use of condom to protect one from getting the virus. The next few pages carry a photo story of how three teen-age girls share their sexual experiences. While one finds it inconvenient to go into sex as it may result in pregnancy and disease, one girl states she uses pills for protection against pregnancy while the third girl recommends the use of condom not only for protection against pregnancy but from contracting AIDS as well. The conversation focuses on the use of condom, with the girl using the condom finally convincing the girl using pill to try the condom. The girl who decided not to enter into sex is still convinced it is a big hassle to enter into a sexual relationship so she could wait. Then the narrator points out that one has to be ready to deal with contraceptives for birth control. If one is not ready, one should wait. No one should feel pressured into having sex. She admits that it is a hard choice but one has to consider the risks first. The next sequence shows the five groups who are more susceptible to getting AIDS: the gay and bisexual men, intravenous drug users, people who have received infected blood transfusion, the sexual partners of anyone in a risk group and babies born to infected women. The final sequence shows how one should compassionately deal with people who are infected. The booklet also carries a section on questions and answers about AIDS which deal with counteracting misconceptions about AIDS.

Descriptors:	*Reading Materials; Youth; Disease Transmission; Drug Abuse; High-Risk Groups; Safe Sex*
Source:	Bantam Books, Inc. 666 Fifth Avenue New York, N.Y. 10103 U.S.A.

36

Lerner, Ethan A. *Understanding AIDS.* Minneapolis, Lerner Publications, 1987. 64 p.

This is a storybook for those children with AIDS and to their families. The stories in this book provide examples of who is and who is not at risk for catching the virus which causes AIDS. The book will help the readers to understand what the disease does, what it feels like and how the people catch it. It will show that one need not be afraid of people with the disease. There are seven stories in this book. The first story talks of a boy who get a high fever and swollen glands. When he went back to school after he got well, his classmates accused him of having AIDS. This served as a springboard for the teacher to provide more clarifications about AIDS and infections. The second story starts with a young boy asking his daddy what a gay is as one of his classmates called him gay when he missed catching a kickball during gym. This was an entry point for the father to inform his son about various types of sexes especially focussing on homosexuality and their connection with AIDS. It also discusses that not everyone infected with HIV virus will develop AIDS. The third story revolves around a school football player who couldn't continue playing because of a stomach ache. When he was rushed to and examined in the hospital, it was found out that he has an appendicitis and would need immediate operation. The parents and the football player expressed concern about blood transfusion needed for the operation as they heard it could be a vehicle for the transmission of the HIV virus. This provided the doctor the entry point to explain about blood transfusion, when it is needed and how AIDS virus is not transmitted easily if needles and blood have not been infected with AIDS virus. The fourth story revolves around a hemophiliac boy who was discriminated in school because he contracted the AIDS virus from one of the blood transfusions that he received. Although the boy got the virus, he was still healthy and the doctors think that he may or may not get the AIDS disease. This story opened the opportunity to discuss facts about hemophilia, whether blood transfusions are dangerous or not, can hemophilia be cured, how many hemophiliacs have AIDS and what is ARC or AIDS-related complex. The fifth story is about drug abuse and AIDS wherein a young boy is involved in drug use for the past two years and how they use the same needle for injecting drugs into their veins. The story then explains how people can put drugs into their bodies, what a drug overdose is, the danger of street drugs, how germs can be passed by the intravenous drug needles.

The sixth story is about a high school student who was a homosexual and who contracted the AIDS virus from one of his homosexual boyfriends. The story develops from the time the AIDS virus was discovered, how the various symptoms and manifestations appeared and how he dealt with the disease and how his family and friends reacted differently to his condition. He also got a lot of sympathy until his dying day. This story is followed by an explanation of how long someone with AIDS live, if there is a cure for AIDS, and how AIDS can be treated or controlled. The last story narrates how a brother announces to his family that he was a gay and that he contracted the AIDS disease. The rest of the story portrayed how the members of the family especially the sister gave him love, care and support and how they were informed that his virus cannot be transmitted to them by hugging, using the same dishes, bathroom or chairs. This story is followed by a discussion on what AIDS is, where it came from, whether it is safe to be around someone with AIDS, should children with AIDS be allowed to go to school with other children, how children get AIDS, can AIDS be prevented, and can condoms prevent the spread of AIDS.

Descriptors: *Reading Materials; Children; Etiology; Drug Abuse; AIDS-Related Complex; Haemophilia; Disease Transmission; Medical Care; Glossaries*

Source:
Lerner Publications Company
241 First Avenue North
Minneapolis,
Minnesota 55401
U.S.A.

37

Phalle, Niki de Saint. *AIDS: you can't catch it holding hands.* San Francisco, Lapis Press, 1987. 52 p.

Written as a letter to her son, the author has also written a letter to every adolescent and adult about AIDS. This publication is a picture book done is crayon and felt tip pen that presents the facts about AIDS in simple non-technical language and with personal touch and warmth. Illustrated with drawings, the book enumerates first how AIDS is transmitted, i.e., through love-making and exchange of needles where AIDS virus enter the bloodstream. This is followed by a listing of how one cannot catch it, one of which is an advice to become faithful and stick to one partner. However, the author warns that if one cannot do so to take up the following precautions: to know the person's habit first before making love with him/her; no passionate French kissing with strangers, no sex parties, reduction of number of lovers, using condoms, not to share needles, and to take extra care at the tattoo parlour or at the acupuncturist. It also stressed that children can go to school and play together with children with AIDS without the risk of getting the disease. On the other hand, the author advises that if one has a positive blood test, one should tell the lover, the dentist and the doctor; women should not get pregnant and men should not make love; or one should not donate blood or avoid contact with people who have infectious diseases as this can trigger the dormant AIDS virus. The book ends by appealing to people to provide compassion and support to those who have been infected with AIDS.

Descriptors: *Reading Materials: Youth; Adult; Disease Transmission; Safe Sex; Primary Health Care*

Source: Lapis Press
1850 Union Street, Suite 466
San Francisco, CA 94123
U.S.A.

38

Puckett, Sam B. and Alan R. Emery. *Managing AIDS in the workplace.* Reading, Mass., Addison-Wesley, 1988. 191 p.

Eighty per cent of AIDS patients are working-age adults between 20 and 49 years of age, yet more than seven years of AIDS problem, fewer than 10 per cent of American businesses have developed policies to deal with the presence of AIDS in the workplace. This book offers a comprehensive approach to managing AIDS in the workplace – its impact on health benefits, insurance coverage, employee assistance and public relations. Throughout, the book stresses two key points: define the needs of the organization in advance of an AIDS crisis on the job and treat AIDS like any other life-threatening situation.

The book first traces the history of AIDS in the United States citing statistics of cases and how the public health establishment was ill-prepared to deal with such a major epidemic. Even less prepared to cope with the complexities of a controversial epidemic of disease have been the managers who are called upon to deal with the consequences of AIDS in the workplace. To dramatize the importance of formulating policies regarding management of AIDS in the workplace, the book describes several scenarios of problem areas regarding AIDS which can crop up in any working establishments and how these can be dealt with by a department manager, chief executive, union representative, human relations manager, supervisor, benefits manager, etc. In order for managers to understand the relationship of AIDS to the workplace and to develop appropriate policies within the organizational setting, they must first understand AIDS itself. To do this, the book provides basic facts about the virus, its incubation period, transmission and their manifestations. After developing a sufficient understanding about AIDS, the book describes the various fears about AIDS prevalent in the workplace and shows how these fears can be managed in these workplaces. These fears deal with the managers natural reaction to resisting dealing with AIDS because of depersonalized perspective on the disease. Also, for managers who view sex, homosexuality and drugs as taboo subjects, it is easy to want to avoid dealing with AIDS. Furthermore, the managers are afraid that employees are very conservative and have traditional values which is no longer the case in this present time. Another fear frequently expressed by employers is that if they plan for AIDS, or announce a policy about it, their employees will conclude that there has already been a diagnosis of AIDS in the workplace. The employers are also afraid that taking a stand on AIDS will put them up uncomfortably on record about a moral issue, that an AIDS programme will be costly, etc. The book then recommends five steps to a planned approach to AIDS: first, define your organizational point of view about AIDS, determine whether a formal policy about AIDS is needed, decide how, to whom and under what circumstances there will be communication about the organization's point of view of AIDS and decide how, to whom and under what circumstances there will be education about AIDS and decide how the organization will respond to an AIDS crisis and how the crisis will be resolved. The next big step is designing and implementing AIDS education programme. This will include different approaches: face-to-face communication and small group presentations, through attendance in mandatory or voluntary sessions, mobilizing outside educational resources and speakers, training resource persons coming from the organization, identifying useful pamphlets and videotapes, managing a crisis about AIDS at work. The book then further provides more primer or guidelines on how to prevent AIDS by discussing the four essential points about AIDS,- transmission and prevention, sexual transmission of AIDS, the search for a vaccine, understanding the role of antibodies and antibody testing. The last chapter of the book deals with the future of corporate responsibility and employee health. It was predicted that by 1991, at least 2 to 5 per cent of all group health claims will be for AIDS, ARC or related conditions. Whether the managers or employers like it or not, AIDS will become a part of the generation's world. This generation of managers, the business community at large and employers in the government and other non-profit fields have a unique opportunity to exercise their considerable power to impact the course of the AIDS epidemic in the country. The policy among the pioneering organizations who have so far taken a stand about AIDS in the workplace can be followed: employees with AIDS are entitled to be treated with the same dignity and concern and support as are employees with any other life-threatening illness.

Descriptors: *Social Aspects; Work Environment; Medical Care; Employers; Employees; Psychological Aspects; Hygiene; Prophylaxis; Ethics; AIDS Prevention Education; Human Rights; Legal Aspects*

Source: Addison-Wesley Publishing
Company, Inc.
Route 128
Reading, Mass. 01867
U.S.A.

39

Quackenbush, Marcia and Sylvia Villarreal. *"Does AIDS hurt?": educating young children about AIDS.* Santa Cruz, Network Publications, 1988. 149 p.

How much do children need to know about AIDS? How should adults respond to their questions about AIDS, and what are they likely to be? People often worry that they do not have enough information to talk to children about AIDS, or that they cannot keep up with all the news. This publication gives teachers, parents and others who spend time with young children basic information and suggested guidelines for addressing the real issues. This practical resource book emphasizes the use of age-appropriate responses to children's questions. Maintaining that children do not need explicit information about AIDS, this book underscores the importance of a solid general health education in giving children the tools to understand concepts about disease transmission. Classroom examples are given to demonstrate effective ways of providing relevant and appropriate AIDS education to young students.

This book consists of 13 chapters. Chapter One takes into consideration the various factors or elements involved in talking with young children about AIDS, i.e., why do young children need to know about AIDS, what do you need to know, parents' role, AIDS prevention strategies for young children. It also gives descriptions of some comprehensive school health programmes and four important values to be taken into account when providing AIDS information. Chapter Two covers the things to keep in mind when discussing AIDS with children. These include four goals for parents, teachers and caretakers, basic guidelines to give oneself some leeway, reading the meaning behind the question and guidelines in teaching children about sexuality. Chapter Three takes up when one should bring up appropriate topics. Chapter Four answers the question "what are children asking and how can one answer them?" This is supported by suggested steps in answering children's questions together with a list of questions and answers to back up parents and teachers' responses. Chapter Five deals with special circumstances: how to deal when a child, family or friends are at risk for or infected with the AIDS virus. Three case studies are taken up to show how one can deal with different situations such as having a mother with ARC, a boy with AIDS and a father at risk. Chapter Six raises issues for the young child in foster care. Chapter Seven presents examples of AIDS education in the early elementary classroom by identifying specific content about AIDS in this school level and providing concrete examples of AIDS education or lessons in a kindergarten class, second grade class and a fourth grade class. Chapter Eight is the trouble-shooter chapter. It anticipates problems that might come up in discussing AIDS with young children and provides the appropriate responses to these problems. Chapter Nine shows how schools should deal with an HIV-infected students or staff. Chapters Ten and Eleven contain the background information or the basic facts about AIDS. What do children want to know about AIDS and when is given in Chapter Twelve. It shows what kinds of information should be given to infants, todlers, early childhood and school age children. Discussion about AIDS may raise particular anxieties for children who have been abused sexually. Chapter Thirteen lists a number of indicators to determine whether a child has been a victim of sexual abuse.

Descriptors: *AIDS Information; Information Transfer; Children Guides; Parents; Teachers; AIDS Prevention Education; Primary Education; Pre-Primary Education; Sexual Abuse; Health Promotion*

Source:
Network Publications
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
U.S.A.

40

Richardson, Diane. *Women and AIDS.* New York, Methuen, 1988. 145 p.

This book is aimed at all women who are concerned about AIDS, as well as the women who already have AIDS or the virus which causes it. It is also for women who take care of people with AIDS. It provides what is currently lacking: a clear and informative account of the issues which AIDS raises for women. In addition to providing important information, the book also challenges the racism, sexism and homophobia surrounding the disease. As AIDS becomes more widespread women who may once have seen the disease as largely confined to men are becoming more concerned about their own risks of infection. Women can no longer ignore AIDS-related problems specific to them. How can a woman practice safe sex when her male partner refuses to use condoms or have nonpenetrative sex? If she is economically and emotionally dependent on her partner she faces a very serious conflict. How can female victims of rape and sexual abuse protect themselves from the risk of infection? Obviously, they have been given no choice in the matter. Women not only face problems of sexual vulnerability but also of economic discrimination. Although the task of caring for people with AIDS falls primarily upon women, they themselves lack support services around AIDS and are more likely to be discriminated against in terms of receiving AIDS health care – reflecting the low priority our society places in general on women's health problems. Women are less likely to have medical insurance and, in general, they earn less than men. Consequently, they are more susceptible to the financial hardships which AIDS can bring. Many women are trying to raise dependent children with little or no financial help from the children's fathers. AIDS contracted by mother or child can mean economic disaster for the family as a whole. Also, there are gender-related problems AIDS creates only for women: the HIV virus can be transmitted during pregnancy to the fetus.

This book has eight chapters. Chapter One provides the epidemiological background to the discussion on AIDS – what causes AIDS, where did AIDS originate, how is HIV transmitted, who gets AIDS, what are the symptoms of AIDS and can AIDS be treated? Chapter Two discusses how women can get AIDS. It points out that very little research has been done on the pattern of infection in women. A research which was aimed at finding out which women are particularly at risk for HIV infection as a result of heterosexual contact showed that women are at risk if they inject drugs or share needles, have sexual contact with a man who is infected with HIV and receive blood transfusion with blood infected with HIV. Chapter Three discusses several ways by which a heterosexual woman can reduce her risk of AIDS. These include the following vaginal or anal intercourse without condom, semen, urine or feces in the month or vagina, fisting, sharing sex toys, oral-anal contact, oral sex by a woman to a man without using condom. The chapter also identifies the various safe sex practices that can be carried out. Chapter Four discusses how lesbians can be affected by AIDS. Lesbians are at risk of being infected with HIV if they share needles; have had sex with men at risk some time over the last seven years; have used semen for artificial insemination from a donor who is infected with HIV; have received blood transfusions with infected blood and have had sexual contact with women who have the virus. This chapter also lists the various unsafe sex practices which should be avoided by lesbians and the safe sex practices which can be considered. Chapter Five deals with the many problems that women with ARC, AIDS and HIV infection can face especially in the areas of health care discrimination, isolation, anxieties about the future, children and rejection, depression, effects on self-esteem, sexuality and failure as a mother. Chapter Six provides guidelines for caring for people with AIDS, both adults and children. While women do get AIDS themselves, they are much more frequently carers, attendants and nurses for men with AIDS. Chapter Seven recommends that in addition to providing more money for AIDS programmes, the government must also examine the wider social implications of AIDS – in particular the need for legislation to prevent discrimination against people with ARC and AIDS, or who are antibody positive, in employment, health care delivery, housing, education and child custody. The last chapter discusses the challenges of AIDS. It points out that the challenge of AIDS is to create new meanings of sexuality that are not based primarily on heterosexual intercourse, or on men having more control over sexuality than women. The real challenge is to recognize the need for safer sexual practices, while insisting on a much broader political struggle against the way in which the state, the church, the media and men regulate women's lives through their control over sexuality and reproduction.

Descriptors: *Resource Materials; Women; Epidemiology; Etiology; Safe Sex; High-Risk Behaviour; Social Aspects; Medical Care; Disease Transmission; Perinatal Transmission; National Strategies; AIDS-Related Complex*

Source:
Methuen, Inc.
29 West 35th Street
New York, N.Y. 10001
U.S.A.

41

World Health Organization. Global Programme on AIDS. *Broadcasters' Q and A on AIDS.* Geneva, 1988. 55 p. (AIDS prevention through health promotion) (GPA/HPR/88.2)

This guide is being sent to radio broadcasters and national AIDS committees all over the world. It will serve as a tool for involving the media in the task of informing and educating the public about AIDS. Working together, radio broadcasters will be able to increase the level of public knowledge about AIDS and to reduce its harmful consequences. The guide provides materials for use in programmes such as health and other magazine shows, question-and-answer programmes, dramas, stories, short talks, public service announcements and spots. The materials are pre-packaged to help writers and producers, but is not necessarily ready-to-use. Rather, it is envisioned that broadcasters adapt the materials for use in stories, dialogues, dramas and songs; to seek further information and advice about AIDS and the local situation from their national AIDS committee; retain the correct health teachings, and include health promotion measures in each scenario.

There are 13 topics dealt with in this guide. Under each topic, information is provided in two formats – questions and answers and then a brief scenario which sets the information within everyday life. The first topic focuses on virus and diseases, how the virus cause AIDS, and what happens to people infected with the AIDS virus. In the scenario, AIDS is compared with white ants showing how white ants ruin a wooden house. The second topic deals with AIDS background, the origin of AIDS and how it was first discovered, where it came from and AIDS as a new disease. The scenario on the same topic lists down rumours about AIDS which gives the broadcasters some guidelines on what not to broadcast over the radio. The third topic centres on how to protect oneself from AIDS, using condoms and being careful about social contact. The corresponding scenario can be used for a soap opera showing how one can protect oneself from a situation which puts a person in a potential sexual encounter. How AIDS spread, who are at risk of getting AIDS and how one can avoid AIDS is the subject of the fourth topic. The corresponding scenario for a radio drama portrays about a man who likes to take sexual risks and what a person with this kind of outlook can do to protect himself and others from AIDS. The fifth topic deals with the various ways in which one cannot contract the disease. The corresponding scenario for a radio drama portrays a man infected with AIDS virus being avoided and isolated by his neighbour and suggest alternative reactions which the neighbours should have towards the man instead of the fear and ignorance shown. How AIDS is spread, by whom, in which groups and AIDS testing are dealt with in the sixth topic. The corresponding story shows how AIDS virus started with two infected persons and ended with many more probably infected. The seventh topic shows how AIDS infected employees should be treated in the workplace. This is dramatized with a story where the boss is shown treating an employee affected by AIDS the same as employees affected by other serious illnesses.

The eight topic deals with AIDS and pregnancy, what happens to a woman with AIDS virus if she gets pregnant, what happens to a child born to a woman with the AIDS virus if she gets pregnant, what happens to a child born to a woman with the AIDS virus and breastfeeding. The accompanying scenario portrays the dilemma of a woman who has become infected with AIDS and yet would like to get pregnant. The ninth topic centres on how insects such as mosquitos and bedbugs, etc. cannot be blamed for the spread of AIDS virus while the tenth topic deals with how a traveller can get AIDS, how sexual spread of AIDS can be prevented while travelling, how blood transfusion, infections, tattooing can spread the HIV virus. The topic is accompanied by a story of a man who goes overseas, has sex in a big city overseas, contracts AIDS, goes back to his country and has sex with his wife, girl friend and secretary. The last three topics deal with how AIDS became an international epidemic, how many people are affected all over the world, how AIDS epidemic is being handled within countries and describe some programmes on AIDS prevention. The stories accompanying these themes illustrate how HIV infection spreads from being a local problem to one that crosses international boundaries and how decision-makers and opinion leaders respond to the AIDS problem.

Descriptors:	*Communication; Media; Radio; Information Transfer; Guides; General Public; Human Immunodeficiency Virus; Disease Transmission; Work Environment; Employers; Employees; Women; Health Promotion*
Source:	World Health Organization Global Programme on AIDS 1211 Geneva 27 Switzerland

SECTION 6 – ETHICAL, MORAL AND LEGAL ASPECTS OF AIDS

42

Albert, Paul [and others] eds. *AIDS practice manual: a legal and educational guide*. 2nd ed. San Francisco, National Gay Rights Advocates/AIDS Network, National Lawyers Guild, 1988. 1 vol. (various pagings)

This Practice Manual is a joint project of the AIDS Network of the National Lawyers Guild and National Gay Rights Advocates. This manual has been written to assist those in providing legal services to persons with AIDS or ARC and to others experiencing AIDS-related legal problems. The manual contains information regarding the disease and its physical and emotional effects, the particular legal problems faced by persons with AIDS or ARC and the threats to civil liberties of persons suffering from the disease, as well as persons perceived to be at risk of contracting the disease – including gay men and lesbians, prostitutes and intravenous drug users.

The manual covers eleven legal aspects concerning AIDS. These include the medical aspects of AIDS-related litigation; preparing legal papers on getting one's affairs in order in preparation for illness, incapacity and death due to AIDS; employment discrimination and AIDS; fair housing law and practice; criminal law and procedure; AIDS in prisons and jails; insurance; the right to nursing home care for persons with AIDS; child custody; military police on AIDS and HIV antibody testing and other issues such as taxes and suicides. The introduction describes the role of the National Lawyers Guild in assisting lawyers and legal workers who want to help those with AIDS who need legal assistance in fighting housing and employment discrimination, or medical insurance and Social Security matters. It also points out that a legal counsellor of persons with AIDS must be sensitive to issues not only related to life and death but also to class, race, sexism, homophobia and social justice. The medical aspects of AIDS-related litigation points out that AIDS-related cases often need expert medical testimony on HIV transmission. The lawyer must become an 'expert' to make the best use of medical experts and to cross examine effectively. This paper provides the lawyer with basic knowledge on the virology and epidemiology of HIV and the various ways of testing HIV antibody. The problems that arises from confidentiality and voluntary testing are also discussed. Persons diagnosed with AIDS or ARC frequently seek legal assistant in getting their affairs in order. This section discusses primarily the legal issues involved in planning for the individual's personal care as well as asset management and disposition. It provides guidelines on how to obtain public benefits, how to employ conservatorship and power of attorney, how to execute wills and trusts. The third section deals with how to tackle a case involving AIDS-related employment discrimination. It discusses the various legislations enacted to prohibit AIDS-related discrimination and shows how to prove discrimination on the basis of disability. Discrimination can also be proved in the areas of sexual orientation, gender or marital status, constitutional law, privacy torts and employment termination. The fourth aspect dealt with is fair housing law which promise homeseekers the right to live where they choose. Those with AIDS cannot be forcibly evicted from their home. This section describes civil rights legislation which cover housing which protect disabled or handicapped persons as well as those with AIDS from being driven away from their homes. AIDS issues have permeated all aspects of the criminal justice system, from arrest through court proceedings through release from custody. This chapter on criminal law and procedures point up a number of junctures in the criminal justice system where AIDS related issues may arise and to provide the practitioners with a few starting points and possible avenues for analysis. It includes legislations on bail, the right to a fair trial, plea bargaining and sentencing, proving elements of AIDS-related crimes and mental capacity. The next chapter addresses the legal implications of policies and practices in the prison concerning AIDS. It discusses testing (both mandatory and voluntary), quarantine or segregation of prisoners with AIDS or ARC; quality of medical care; and early release. The next chapter focuses on the insurance problems of people with AIDS and gay men such as obtaining insurance coverage, maintaining insurance coverage, obtaining payments of claims, and resisting rescision policy.

Part Two of the manual starts by describing how the Consolidated Omnibus Budget Reconciliation Act or COBRA can serve as an insurance law for people with AIDS or ARC who are unable to continue working. Then the next paper shows the legal right of persons with AIDS/ARC to nursing home care. It states that although no specific state legislation protects persons with AIDS from nursing home discrimination, the use of federal and state handicap laws are appropriate and fitting to remedy such situation. With regard to child custody, it is pointed out that counsel can at times defeat motions to limit a parent's custody rights, particularly where the parent does not actually have AIDS or any sign of illness and particularly if counsel takes an aggressive stance toward educating opposing counsel and court personnel. AIDS in the military service has also resulted in the development of comprehensive and discriminatory policy for service members with AIDS or ARC. This section gives guidelines to military counsellors and attorneys in protecting the rights of service members affected by these policies. Other issues such as non-U.S. citizens, taxes and suicides are also briefly dealt with in the last chapter of the manual. The manual also carries appendices on resource list of organizations, an article on AIDS-Related Testing and AIDS and Handicap Discrimination.

Descriptors: *Legal Aspects; AIDS Patients; High-Risk Groups; Clinical Aspects; Social Aspects; Discrimination; Civil Law; Criminal Law; Employment Policy; Employment Opportunities; Legal Protection; Social Security; Legislation; Housing; Insurance; Suicide; Antibody Test; Military Personnel; Prisoners; AIDS Related Complex; Guides*

Source:
San Francisco AIDS Foundation
333 Valencia Street
4th floor
San Francisco, CA 94103
U.S.A.

National Gay Rights Advocates
540 Castro Street
San Francisco, CA 94114
U.S.A.

43

Dalton, Harlon L. [and others] ed. *AIDS and the law: a guide for the public.* New Haven, Yale University Press, 1987. 382 p.

This book is about law. It is not, however, aimed exclusively at those who are steeped in law. Rather, it is meant for whoever has a professional need to come to grips with the legal issues spawned by the AIDS epidemic. This book is an attempt to explain how the law deals with the many social conflicts generated by AIDS. The book consists of six parts. Part One provides the readers with a comprehensive medical background of the AIDS epidemic. It discusses the emergence and discovery of the AIDS virus, groups susceptible to HIV, the various patterns of transmission of AIDS and the historical perspective of AIDS. Part Two deals with the government responses to AIDS. The first issue discusses the traditional public health strategies to combat the disease and the legal implications that accompany these strategies. This chapter evaluates the application to the AIDS epidemic of classic public health responses to infections disease. It begins with an introduction to the law governing public health measures. It then examines two measures commonly used to determine the scope of a disease and to provide information to the people most directly affected by it: case finding (the use of screening tests and sexual contact tracing), and case reporting (of infectious individuals to public health officials). If properly designed and tailored, these practices are likely to withstand legal challenge, both because they are justified by current medical knowledge and because they can be accomplished with minimal detrimental impact on individual rights. Nevertheless, these practices raise serious practical and policy problems. The third part of this chapter examines methods used to isolate those believed capable of transmitting the infection: general isolation, modified isolation, criminal law sanctions, and civil law restrictions (such as civil commitment). These measures are very instrusive and minimally effective, and many of them are open to serious legal challenge.

The second issue deals with schoolchildren with AIDS. It examines the cases that were initially reported and describes the currently identified patterns of pediatric disease and then reviews the principal legal issues addressed by the courts. In the United States, guidelines had been issued with regard to the education of children with AIDS. However, four of these guidelines were found problematic, i.e., no mechanism for determining which children to review, permit disclosure of the identities of these children to one or more local school personnel, screening of all high-risk infants and the possibility of sexual HIV transmission among children are not addressed. The efforts of these guidelines to establish orderly procedures for evaluating infected children were challenged in the courts. As a result, judges rather than medical scientists or school officials will finally decide whether children with HIV infection could attend school. This section cites three court cases where admission of children with AIDS was challenged by parents or local school officials. Significantly, all of the children at issue eventually gained entrance to school. The main message here is that the welfare of the majority of the children who are healthy will not be appreciably advanced by the exclusion of the few who are identifiably ill. The next section examines existing and proposed legal measures as they relate to the spread of AIDS by prostitution. In summary, it is stated that when mandatory antibody testing, quarantine and isolation are applied explicitly to prostitutes but not to other groups that are equally likely to transmit HIV, they are vulnerable to challenge in court on equal protection grounds. Education as prevention of spread of AIDS also is looked upon in a legal angle as mandatory to curb the spread of the disease and lessen AIDS-related discrimination. For example, government may be required to enforce employers to provide educational programmes in preventing AIDS-related employment discrimination if the environment in its workplace was discriminatory. Part Three deals with the private sector's responses to AIDS. It consists of four issues, e.g., AIDS in the workplace, screening workers for AIDS, housing issues and torts: private lawsuits about AIDS. The first section on AIDS in the workplace provides a summary of potentially applicable legal principles and discusses some of their consequences for the rights and responsibilities of employers and employees. The first part of the issue discusses the conceptualization of AIDS as a handicap and how this affects the employment relationship. This new body of law, aimed at discrimination against the disabled, partially limits such discretion. The second part discusses laws directly prohibiting either AIDS-based discrimination or use of blood tests to screen employees for AIDS, and law governing unemployment, health and pension benefits that may limit an employer's discretion. It also describes labour laws governing the treatment of employees afraid to work owing to fear of AIDS. This section concludes that for reason of law, public policy, compassion and common sense, employers should educate themselves and their workforce to avoid AIDS-related discrimination. Screening workers for AIDS is another issue dealt with in this part. After examining the HIV antibody test, what information it yields and how accurately it does so and the limitations placed on the screening of employees by local, state and federal law, it concludes by stating that the use of test in employment screening, even if legal, creates serious practical and ethical problems that outweigh any possible benefits. The housing issue discusses judicial doctrine that can protect people with AIDS from eviction from rental housing and legal problems that arise in the sale of housing previously occupied by person with AIDS. It also reviews the constitutionality of certain restrictions and legislation that can protect housing for them from zoning discrimination. This part also looks into tort law which is a mechanism society uses to discourage individuals from subjecting others to unreasonably risky behaviour. It is therefore expected that the AIDS epidemic will produce, before it runs its course, a staggering array of tort litigation, which will likely to occur in the transmission of the virus through sexual activity, transmission through blood products and medical malpractice.

Part Four deals with AIDS and health care and includes issues on the right to medical treatment, insurance, confidentiality and conflict between physicians versus lawyers. This chapter discusses some common law obligations and statutes which will oblige physicians to render care to patients with AIDS. It also discusses the difficult issues public officials will confront as they regulate the insurance industry's actions with respect to AIDS. It is stated that if the insurance industry does not perform those functions for persons with AIDS, their lovers and their families, no other institutions will. Another issue included here concerns the doctors' responsibilities towards their AIDS patients. The physician who diagnose or treats a patient with AIDS will be faced with important ethical and legal decisions. In particular, the doctor will have to deal with the tension between the duty to disclose the diagnosis to protect other parties and the responsibility to safeguard the patient's confidentiality. This chapter provides instances when patients' right to confidentiality is more important and when the need to protect the patient community will outweigh the patient's right to confidentiality. Part Five deals with AIDS in institutions such as the military and the prisons. In response to the epidemic, the military has chosen a policy far more extreme than any policy suggested by the Center for Disease Control. The military has ordered all military personnel and recruitments to be tested for antibodies of the HIV virus and has directed the services to reject any recruit who tests positively. Military policy in such areas as testing, discharges, confidentiality and epidemiologic research and the stories of individual service persons with AIDS are the subjects of this chapter. It also discusses the problems presented by the incidence of AIDS among prisoners by focusing on the potential liability of prison officials to inmates who contract the disease in prison and the legal duties of prison officials to care for inmates who contract AIDS. The last part deals with confronting AIDS which is the problems of special groups. This chapter discusses laws protecting people from discrimination based on drug abuse, addiction and AIDS, the black community, and the lesbians and gay community.

Descriptors: *Legal Aspects; Epidemics; Disease Transmission; Historical Aspects; National Strategies; Medical Treatment; Social Aspects; Employment Policy; Social Security; Employment Opportunities; Medical Care; High-Risk Groups; Military Personnel; Prisoners*

Source:
Yale University Press
302 Temple Street
New Haven, Conn. 0‹ ˜20
U.S.A.

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Hall, Lynn and Thomas Modl, eds. *AIDS: opposing viewpoints.* St. Paul, Minn., Greenhaven Press, 1988. 223 p. (Opposing view points series).

The purpose of this book is to present balanced and opposing points of view on a complex and sensitive issue such as AIDS. The book includes diverse materials taken from magazines, journals, books and newspapers, as well as statements and position papers from a wide range of individuals, organizations and governments. In this book, carefully edited opposing view points are purposely placed back to back to create a running debate. Each viewpoint is preceded by a short quotation that best expresses the author's main argument. A number of basic skills for critical thinking are practiced in the activities that appear throughout the books in the series. Some of these skills include evaluating sources of information, separating fact from opinion, identifying stereotypes and recognizing ethnocentrism.

The book has five chapters. The first chapter debates on how serious AIDS is. Six articles under this chapter debate that AIDS is a serious problem versus being not a serious problem; AIDS is a moral issue versus being not a moral issue and AIDS cannot be spread through casual contact versus it can be spread by casual contact. While the first article underscores the gravity of the problem, the second article argues that while there is reason for concern – as there is over to any lethal disease – there' none for hysteria. It says that given what's known about the way the AIDS virus is transmitted, i.e., AIDS will not spread through conventional sexual contact between "straight" men and women, it is highly unlikely that it will become a threat to society. On the issue of morality, the third article claims AIDS is not merely a medical problem but a moral problem pointing a finger to the homosexuals who are responsible for the outbreak and consider AIDS as a retribution for their immoral activities. On the other hand, the fourth article argues that scientists must not be influenced by the moralistic debate and should consider the disease as if it were transmitted by neutral conduct. The last two articles under this chapter debate about how AIDS can be spread. While the first article states that there are only three known ways to get AIDS, e.g. sexual contact, blood and birth, the other article argues that because of so many uncertainties about AIDS, health officials should not categorically state that AIDS cannot be spread by casual contact. He recommends several actions to protect the population i.e., barring HIV carriers and AIDS from certain jobs, until more definitive answers can be found about how AIDS is spread.

Chapter Two consists of six articles which debate on how AIDS can be controlled. The first article states that AIDS victims and all those who have been exposed to it must be forced to acknowledge the severity of their condition and take responsibility for the consequences of their actions – thus recommends stronger screening procedures to control AIDS. The second article on the other hand argues that forced screening or mandatory testing is against human rights especially if in doing so, the infected persons risk losing their jobs, housing, insurance, children and privacy. The third and fourth articles debate about education as a means of controlling AIDS. While the third article states that AIDS education for high-schoolers will help prevent not only AIDS but also other STDs, the fourth article points out that "if children are brought up to believe that chastity is a perversion and homosexuality is normal, not all condoms in the world will cut down on the number of deaths from AIDS". While the fifth article calls for a ban on homosexuality to control AIDS, the sixth article argues that societal discrimination against gay people slows up the battle against AIDS. Chapter Three discusses the relationship between AIDS and civil rights. AIDS presents a dilemma to those concerned about civil rights. On the one hand, it is in society's interest to control the spread of infectious diseases like AIDS. On the other hand, the law recognizes that individuals, even those with AIDS have rights. This chapter raises the issue as to what point does society's rights to control disease interfere unjustly with an infected person's legitimate rights. Thus, while one article reasons out that civil rights must take priority in controlling AIDS, another article argues that civil rights are not as important as public health. Two articles also debate on whether AIDS carriers should or should not be discriminated against in the workplace while the last two articles present two-sided arguments on why legal restrictions are needed and not needed to control AIDS. The fourth chapter examines whether the Government's response to AIDS has been adequate or not. The first article states that AIDS is preventable thus the Government must respond with education. On the other hand, two articles point out that current AIDS education efforts are inadequate and that current AIDS education efforts promote immorality. The chapter also argues whether or not the Federal Drug Administration should make AIDS drugs more available. The fifth chapter provides provocative arguments that look beyond the immediate health crisis to consider some of the ways AIDS will affect society. While one article predicts that AIDS will modify sexual behaviour, another article contends that AIDS will not be enough to modify sexual behaviour. This chapter also includes three articles which predict that AIDS will transform society's morals, social structure and the homosexual lifestyle.

Descriptors: *Moral Concepts; Civil Rights; National Strategies; Social Aspects; Moral Crises; Human Rights; Public Health; Discrimination; Legal Aspects; AIDS Prevention Education*

Source: Greenhaven Press
577 Shoreview Park Road
St. Paul
Minnesota 55126
U.S.A.

45

Sabatier, Reenee. *Blaming others: prejudice, race and worldwide AIDS.* London, Panos Institute, 1988. 167 p.

This book is the first international analysis of the AIDS epidemic of blame. It argues that, in every country and on every level from the local to the global, blame and prejudice are undermining AIDS campaign. Consisting of ten chapters, the book draws on the views and judgements of scientists, spokespersons and writers from the Third World and from minority communities in the North. The book has not set out to blame the blamers, but rather to document the totally counter-productive impact of blame on individuals, groups and AIDS campaigns. Chapter One of the book examines the tendency to label the people affected by AIDS according to their sexual, socio-economic, racial or ethnic groups which have also acquired moral overtones. AIDS is variously blamed on homosexual men, on drug addicts, on ethnic minorities, on Haitians, on foreign students, on prostitutes, etc. Chapter Two describes the vulnerability to AIDS of people in globally disadvantaged groups; in ethnic minorities in the United States and in various parts of the Third World. It states the reasons why ethnic minorities are doubly vulnerable and the costs to the Third World. Chapter Three describes the impact of AIDS on various communities: first, on three U.S. ethnic minority groups and then four groups in the Carribean, Africa and Asia. Chapter Four looks at the possible origins of the AIDS epidemic, an issue which is central to the epidemic of blame. It examines the evidence for HIV having started in Haiti or in Africa and looks back to the notional "first case" of AIDS. Chapter Five considers the possibilities that the AIDS virus has evolved from an animal infection or that it is a virus manufactured in a military laboratory. Both theories have led to irrational episodes of blaming others. Chapter Six discusses the spread of HIV and factors which may influence it: the role of other sexually-transmitted diseases (Genital ulcers and chlamydia for example), the degree of sexual partner-change in various societies and the possibility that some ethnic groups might be genetically more or less susceptible to the AIDS virus. Chapter Seven looks at Western responses to AIDS in Africa and African reactions to these views, especially in the media. Drawing heavily on the views of the Third World authors, it a describes how dangerously infectious the phenomenon of blaming has been. Chapter Eight describes how African students in India and Europe, and the Kenyan tourist industry, have been harmed by blame for AIDS. It looks at actions against AIDS taken by various governments worldwide, and suggests that many such measures have been influenced as much by the wish to blame outsiders as by rational public health considerations. Chapter Nine describes how a number of Third World societies, and some ethnic minority communities in the United States and elsewhere are tackling AIDS education. The last chapter argues that it is more accurate to talk about "risk activities" than "risk groups". It suggests that AIDS may have one benefit if it focused sustained attention and action on the causes of disadvantage which makes some communities more vulnerable to AIDS than others.

In the short term, AIDS control necessarily concerns itself with emergency measures; the screening of blood used for transfusion, the sterilization of injection equipment, the teaching of safer sex, the distribution of condoms or needle exchange schemes for intravenous drug users. But bringing the pandemic under control will require vigilant effort not for just a few months or years, but for as long as it takes to develop a vaccine or cure – perhaps in decade or even longer. The conclusion urged by the evidence presented in Blaming Others is that successful AIDS prevention will require, in addition to expedient measures, deep-acting remedies. The promotion of safer sex and condom use is essential, but are not efforts to understand and tame the unchecked epidemic of sexually transmitted diseases other than AIDS in the Third World equally so? The education of prostitutes in methods of AIDS avoidance is urgent, but where are the programmes of social and economic support for prostitutes who simply cannot find less dangerous and demoralizing work? Providing clean needles for intravenous drug users may save them from the AIDS virus now, but is this such a great victory if they die prematurely anyway, of overdose or drug-associated illness? Like a misery-seeking missile, AIDS is homing in on a global underclass. But from the hundreds of thousands of individual tragedies which make up the worldwide tragedy of AIDS there is perhaps one benefit to be derived: it may eventually force international attention to the vulnerability caused by unbalanced development, both between rich and poor nations, and within individual societies.

Descriptors: *Historical Aspects; Epidemics; Racial Prejudice; Social Aspects; Sexually Transmitted Diseases; Ethnic Minorities; Moral Concepts*

Source:
Panos Books
8 Alfred Place
London, WC1E 7EB
United Kingdom

SECTION 7 – WHO GUIDELINES ON AIDS PREVENTION AND CONTROL

46

Slutkin, Gary. *Sentinel surveillance for HIV infection: a method to monitor HIV infection trends in population groups.* An address presented in June 1988 at the IV International Conference on AIDS, Stockholm, Sweden. Geneva, Global Programme on AIDS, World Health Organization, 1988. [7 p.] (WHO/GPA/DIR/88.8)

This document describes a specific type of serosurveillance for monitoring HIV infection trends in population groups. Several methods have been and will be used for measuring prevalence of infection and for monitoring trends. These include cross sectional or prevalence studies, cohort studies, serial prevalance studies and sentinel surveillance. The last one may well serve as the backbone of surveillance systems to monitor HIV trends. A sentinel surveillance system with regular sampling can give public health officials a means of monitoring trends in infection in chosen population groups and of chosen sites in a regular and consistent way.

In sentinel serosurveillance, specific sites and population groups are selected; a predetermined number of persons are routinely tested, and testing is performed in a regular and consistent way. Testing could be performed daily, monthly, or quarterly. Scheduling the collection of blood samples as part of the routine work at these sites will make it regular, and it will be consistent if the same procedures are routinely followed.

The main purpose of sentinel serosurveillance is to detect changes – i.e. to monitor trends and to provide a basis for evaluating preventive strategies and activities. However, it should be pointed out that sentinel populations need not be "representative". At the same time, it is important that sites, facilities, or populations chosen remain similar, that procedures initially chosen continue to be used (unless they are improved), and that subjects are chosen in such a way that selection bias is minimized. Additionally, sufficient demographic data need to be collected so that changes in the population can be detected (e.g. an influx of refugees). The development of programmes of serosurveillance at sentinel sites includes selection of sites and groups to test, and then the establishment of set procedures and efforts to decrease selection bias. Where possible, the systematic collection of demographic indicators that might signal a change in the populations coming to that site should also be collected. Control of selection bias is a key problem. The optimal surveillance method for control of selection bias for monitoring trends is unlinked testing. Unlinked testing involves the use of blood specimens collected for other purposes but tested for HIV serological markers after personal identifying information has been removed (unlinked) from the blood sample. Unlinked testing is being evaluated in a few countries now. Surveillance or surveys based on either unlinked anonymous or voluntary anonymous testing are the methods of choice for surveillance system and for broader public health reasons.

It is essential to ensure that privilege personal information is not disclosed to unwarranted persons. Breaches of individual rights may cause individuals to avoid future testing, resulting in participation bias in the surveillance system. It may also cause others in the same risk or risk behaviour group to avoid contact altogether with health and social service out of fear of being tested. The problem of developing a reliable surveillance system is therefore tightly linked to developing an overall disease control programme that facilitates information and education to groups and persons at risk and which also protects human rights. Special care, competence and thoughtful planning are required.

Descriptors: *Surveillance; AIDS Patients; Guides*

Source:
World Health Organization
Global Programme on AIDS (GPA)
1211 Geneva 27
Switzerland

47

World Health Organization. *Guidelines for the development of a national AIDS prevention and control programme.* Geneva, 1988. 27 p. (WHO AIDS series 1)

The Fortieth World Health Assembly held in 1987 recommended that every country in the world needs to develop a national AIDS prevention and control programme. The present guidelines are intended to assist national authorities in this endeavour. The guidelines are divided into three parts. The first part covers general considerations such as definition of HIV, reasons for the development of a national programme on AIDS prevention and control, and programme objectives and strategies of an AIDS prevention and control programme. The objectives of a national programme are to prevent HIV transmission and to reduce the morbidity and mortality associated with HIV infection. The strategies can include prevention of sexual transmission, prevention of transmission through blood, prevention of transmission from HIV-infected persons through the use of therapeutic agents, prevention of HIV transmission through vaccination and reduction of the impact of HIV infection on individuals, groups and societies. Part Two describes the various strategic actions that could be followed in the formation of a National AIDS programme. These include the formation of a National AIDS Committee (NAC) which should be constituted as an advisory body to the Ministry of Health. It should deal with all aspects of programme development and implementation, including legal, ethical, managerial, financial and international as well as technical issues. Prior to the preparation of a medium-term plan and the development of a national AIDS programme, an epidemiological assessment is needed to determine the extent of the problem and a resource assessment to determine what existing resources can be utilized to support the programme. This assessment involves a review and critical analysis of existing country data on HIV infection and AIDS and where necessary, the collection and analysis of new information. It also includes an initial assessment of behaviour and resources available. The purpose of initial resource assessment is to determine the ability of the existing health services to support the epidemiological, educational, laboratory, clinical and preventive components of a national AIDS programme. It involves assessment of both infrastructure and resources. After all the initial assessments are undertaken, the next step is the preparation of a national medium-term programme on AIDS prevention and control. A medium term programme serves two very important purposes. It is a tool for the implementation of the national control programme, i.e., it identifies what activities will be carried out, where and when, and what cost and who is responsible, and it can be used for mobilization of external funds. Part Three covers examples of programme activities that can be undertaken by an AIDS prevention and control programme. The examples given deal with prevention of sexual transmission, prevention of transmission through blood, prevention of perinatal transmission and reduction of the impact of HIV infection on individuals, groups and societies. Each of these strategies are elaborated upon by presenting the general considerations, initial step to take, target audiences and set of activities. Evaluation is also discussed, presenting the reasons why every national AIDS control and prevention programme needs a strategy for evaluation.

Descriptors:	*Programme Planning; National Programmes; Guides; Programme Evaluation*
Source:	World Health Organization 1211 Geneva 27 Switzerland

48

World Health Organization. Global Programme on AIDS. *AIDS health promotion: guide for planning.* Geneva, 1988. 39 p. (GPA/HPR/88.1)

AIDS health promotion is an integral part of National AIDS Prevention and Control. AIDS health promotion is the process of using information and education to influence positively the behaviour of individuals and groups to help control the spread of HIV. To provide planners, managers and technical staff responsible for AIDS health promotion programmes with common terms of reference for planning implementing, monitoring and evaluating AIDS health promotion, this guide has been prepared for this purpose. It is intended to support the process of developing a detailed Health Promotion Action plan. This guide reviews the steps, processes, individuals and institutions required to translate national AIDS programme goals into a plan of action for AIDS health promotion and the major requirements for implementing, monitoring and evaluating AIDS health promotion. The guidelines for establishing an AIDS health promotion programme include the following: first, the goals should be established and should be based from the goals of the National AIDS Plan. The second step is to conduct an initial assessment. In order to translate goals into realistic objectives with feasible targets, health promotion planners need information about each of the following: (i) local epidemiology of HIV/AIDS; (ii) knowledge, attitudes and beliefs concerning AIDS among the general public; (iii) knowledge, attitudes, beliefs and practices related to the spread of HIV infection among specific target audiences; (iv) communication channels available to the programme; (v) health and social support services which are available; (vi) the costs of the health promotion programme components; and (vii) sources of expertise to assist in implementing the health promotion plan and in monitoring and evaluating its progress. The third step is to identify the target audiences by defining who the information and education is intended to serve. Common criteria for target audience definition includes: (i) demographic indicators; (ii) reference groups; ethnicity, gender, language or sexual orientation; (iii) organizations; and (iv) risk behaviour. The fourth step is to include setting objectives and targets. This will include descriptions of how the goals will be achieved through the programme. The fifth step is the development of strategies which includes the designing of educational messages and materials to reach the target audiences. When developing messages, the following elements should be taken into consideration: (i) what benefits will the target audience perceive in following programme message recommendations? (ii) what supporting information will make these benefits available to that audience? and (iii) what emotional tone is best suited to the culture and values of specific target audiences? The sixth step is developing strategies which entails the determination of which communication channels, institutions and activities can best engage the target audiences. An integrated health promotion strategy combines messages activities, communication and institutional networks (including supporting services) in the "mix" most appropriate to the specific target audience and their circumstances. The seventh step is to provide support services. The overall National AIDS Prevention and Control Programme will be providing and co-ordinating a variety of support services which are necessary for the proper functioning of the programme. Among those which require particular support from health promotion include counselling, HIV testing, condoms and spermicides, provision of educational materials and training. The eight step is monitoring and evaluation. For planning purposes, the following minimum monitoring and evaluation activities should at least be included: (i) regular monitoring of major mass media and training programme components; (ii) regular participation in NAC evaluation meetings to join in combined research activities; (iii) rapid studies using small surveys, focus groups or in-depth interviews to assess at least one major programme component every six months; and (iv) one major evaluation study each year, designed in collaboration with epidemiologists and social science researchers working with NAC. The ninth step is preparation of budget and implementation of action plan. The tenth step is reassessing the programme which can take place around a specific NAC review activity such as an annual AIDS education Sub-committee programme review. The document also annex an article on Guide to pretesting.

Descriptors: *AIDS Prevention Education;*
Health Promotion;
Programme Planning;
Programme Evaluation;
Primary Health Care;
Guides

Source: World Health Organization
Global Programme on AIDS
1211 Geneva 27
Switzerland

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World Health Organization. Global Programme on AIDS. *Consensus statement from consultation on AIDS and sports,* Geneva, 16 January 1989. Geneva, 1989. leaflet. (WHO/GPA/INF/89-2)

Sports medicine, practitioners, officials of sports organizations and public health professionals are frequently asked about AIDS and sports activities. To provide guidance on these questions, the following are consensus statements which resulted from a consultation meeting on AIDS and sports convened in Geneva last January 1989: (1) No evidence exists for a risk of transmission of the human immunodeficiency virus (HIV) when infected persons engaging in sports have no bleeding wounds or other skin lesions. There is no documented instance of HIV infection acquired through participation in sports. However, there is a possible very low risk of HIV transmission when one athlete who is infected has a bleeding wound or skin lesion with exudate and another athlete has a skin lesion or exposed mucous membrane that could possibly serve as a portal of entry for the virus; (2) The possible very low risk of HIV transmission through sports participation would principally involve the combative sports with direct body contract and other sports where bleeding may be expected to occur. In such sports, the following procedures should be considered: if a skin lesion is observed, it should be immediately cleansed with a suitable antiseptic and securely covered; and if a bleeding wound occurs, the individual's participation should be interrupted until the bleeding has been stopped and the wound is both cleansed with antiseptic and securely covered or occluded; (3) As in other health care settings, for the safety to personnel drawing blood samples from athletes, protective gloves should be worn; (4) Sports organizations, sports clubs and sports groups have special opportunities for additional meaningful AIDS education of athletes, sports officials and ancillary personnel; (5) There is no medical or public health justification for testing or screening for HIV infection prior to participation in sports activities; (6) Persons who know they are HIV infected should seek medical counselling about further participation in sports in order to assess risks to their own health as well as the theoretically possible risk of transmission of HIV to others; (7) Sports organizations, sports clubs and sports groups should be aware of the above recommendations and ensure that all participants, sports officials and ancillary personnel are aware of them. In addition, this may provide the opportunity for reviewing general hygienic practices relating to sports; (8) National level sports organizations are urged to contact national AIDS committees or programmes for further information regarding HIV infection and AIDS.

Descriptors: *Statements; Sports*

Source:
World Health Organization
Global Programme on AIDS
1211 Geneva 27
Switzerland

50

World Health Organization. Global Programme on AIDS. *Guidelines for treatment of acute blood loss.* Geneva, 1988. leaflet. (WHO/GPA/INF/88.5)

This is a set of guidelines released by World Health Organization regarding treatment of acute blood loss. Since blood transfusion has been identified as one cause for transmission of HIV, WHO has released these guidelines to guide the physicians in deciding whether the benefits outweigh the risks of undertaking blood transfusion. Ideally blood is provided by a blood centre able to carry out the procedures necessary for ensuring that it is safe for transfusion. However, less favourable situations may be found in outlying hospitals. Moreover, component preparation may not be feasible (i.e. plasma, cryoprecipitate and platelets may not be available) and plasma derivatives (e.g. albumin) may not be affordable. These guidelines therefore relate only to the use of whole blood and plasma expanders in treatment of acute blood loss, nearly always due to serious injuries, gynaecological and obstetric complications or gastrointestinal haemorrhage. The guidelines point out that the amount of blood lost and the patient's clinical condition will determine the urgency of treatment. A loss of up to 20 per cent of the blood volume is generally tolerable in healthy adults. A 20-30 per cent volume loss requires volume replacement. More than 30 per cent volume loss may lead to shock. The critical decision involves use of plasma expanders instead of blood. Plasma expanders are often preferable. They can be immediately available, are relatively inexpensive and do not have certain of the dangers associated with use of whole blood (disease transmission, immunological incompatibility). In addition, blood is rarely necessary in the initial stages of treatment of hypovolemia. Plasma expanders are of two classes – crystalloids and colloids.

The guidelines also point out that in deciding to have blood transfusion, whole blood should not be the first consideration, for three reasons: (i) Volume replacement is more urgent than red cell replacement; (ii) Delay is inevitable with blood transfusion (blood collection, typing, crossmatching, etc.); (iii) There are unavoidable dangers associated with blood transfusion. In fact, blood transfusion should be avoided if possible.

Descriptors: *Guides; Physicians; Medical Treatment; Blood Transfusion*

Source: World Health Organization
Global Programme on AIDS
1211 Geneva 27
Switzerland

51

World Health Organization. Global Programme on AIDS. *Report of the Consultation on the Neuropsychiatric Aspects of HIV Infection*, Geneva, 14-17 March 1988. Geneva, 1988. 35 p. (WHO/GPA/DIR/88.1)

It is well established that neurological and psychiatric disorders occur in AIDS: 70 per cent of those who die of AIDS exhibit significant mental and neurological impairment, and pathological changes in the central and peripheral nervous system have been reported in the autopsy of up to 90 per cent of AIDS cases. Accordingly, apprehensions have been raised concerning possible public health hazards that could result from neurological, cognitive or behavioural abnormalities occuring in otherwise asymptomatic HIV-1 infected individuals. In particular, such concerns have been linked to occupations or setting operation of nuclear reactors or heavy industrial equipment.

On this aspect, the World Health Organization released a set of statements or guidelines. The most significant of these statements is the recommendation that since there is no evidence that otherwise healthy HIV-1 infected individuals are more likely to be functionally impaired than persons not infected with HIV-1, there is, at the present time, no justification for HIV-1 serological screening as a strategy for detecting such functional impairment in asymptomatic persons in the interests of public safety. With regard to safety related occupations, protection of the public by preventing accidents is an important policy goal. The review of existing data has led to the statement that there is no evidence that asymptomatic HIV-1 infected individuals pose special problems in safety related occupations. The application of performance and functional standards currently recommended for use either in industry (e.g. for airline pilots, crane drivers, etc.) or for assessing individual capacity to perform daily activities (e.g. for driving a car) represents the most effective strategy to detect meaningful dysfunction due to any cause.

Given the evidence evaluated by this Consultation, denial of access to employment or the freedom to engage in everyday activities, for otherwise healthy persons solely on the basis of HIV-1 serological status would represent a violation of human rights and lead to broad and destructive social implications. The Consultation recognized that HIV-1 screening of prospective or existing employees could be implemented by employing agencies for reasons other than public safety and unrelated to neuropsychological function. For example, an individual industry could consider introducing HIV-1 screening solely to promote its public relations image as being concerned with public safety. In other cases, should a considerable training and financial investment be involved, employees might be screened so as to exclude those who, if HIV-1 infected, have an increased likelihood of reduced life expectancy.

The guidelines also discuss the research implications arising from the consolidation and review of available evidence and the formulation of policy implications. Methodological issues in currently available studies and proposals for the design, execution and interpretation of ongoing and future studies are discussed. With regard to health care implications, the document provides guidelines relating to management of HIV-1 seropositive persons presenting with neuropsychiatric disorders and the necessity to see to it that appropriate support and treatment services are available and accessible, not only to individuals with clinical illness, but to asymptomatic individuals as soon as they become aware that they are infected. It is also recommended that health workers should be made aware of both the wide range of neuropsychiatric conditions associated with HIV-1 infection and that the weight of existing information indicates that functional impairment is not significantly increased (over the levels found in HIV-1 uninfected people) until or unless patients become clinically ill with ARC or AIDS. Also, health services need to prepare to deal with a large burden of neuropsychiatric illness, much of it severe, in patients with ARC and AIDS; planning should commence immediately.

Descriptors: *Neuropsychiatric Disease; Medical Research; Public Health; Medical Care; Guides*

Source: World Health Organization
Global Programme on AIDS
1211 Geneva 27
Switzerland

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World Health Organization. Global Programme on AIDS. *Report on the informal interregional consultation on developing an epidemiologically based strategy for control of AIDS/HIV in Asia,* New Delhi, India, 6-8 June 1988. Geneva, 1989. 15 p.

This is a set of recommendations or guidelines based on an informal interregional consultation to develop an epidemiolgically based strategy for control of AIDS/HIV in Asia. Two strategies were recommended, i.e., epidemiological surveillance and identification and management of HIV infected persons. The strategy on epidemiological surveillance calls for: (i) development of a country-specific description of behaviours, setting and groups with documented evidence, or presumed likelihood, of past, present or future exposure to HIV; (ii) development of an assessment/monitoring approach which will provide the best quality epidemiological information. Operational and practical aspects of identifying and reaching such individuals or groups at risk must be considered. Surveys should be based on anonymous screening or testing (either voluntary anonymous or unlinked) to avoid strong selection bias; (iii) implementation of several such surveys; and (iv) analysis of the data, taking steps to avoid stigmatization of particular groups in the presentation of the data.

Identification and management of HIV-infected persons is an approach which can help prevent further HIV infection by providing infected persons with counselling, medical and social support. This activity may make a useful contribution to national HIV prevention efforts. In such programmes, special attention must be given to pre- and post-test counselling, informed consent, and assurance of confidentiality, for if the programme leads to discrimination and stigmatization, or programmes are otherwise ill-conceived or poorly implemented, the negative effects may substantially outweigh the positive benefits for public health. It must be emphasized that if confidentiality is not respected, or if discrimination or stigmatization occurs against HIV-infected persons, public health will be substantially damaged in two ways. Firstly, others in the same setting (e.g., others attending sexually transmitted disease (STD) clinics or treatment centres for IV drug users) will react by avoiding such clinics or centres or refusing to be tested. Secondly, people with the same risk behaviour will tend to avoid contact with health services out of fear of being tested. This strategy will include three main activities: development of a country-specific description of behaviours, settings and groups; determining the settings, sites and manner in which people at increased risk of HIV exposure may be approached for participation and HIV-infected persons must receive careful and sensitive counselling. With regard to research issues, the ability to implement epidemiological surveillance as well as prevention strategies based on identification and management of HIV-infected persons may benefit from operational research in several areas, including: (i) improved knowledge of the dynamics of prostitution (the degree to which it is regulated or recognized, duration of prostitution, specific sexual practices) as well as information on the incentives required to influence prostitutes regarding "safer" sexual practices or changing occupation; (ii) further knowledge of the effectiveness of different counselling approaches to help ensure long-term support and behaviour change; (iii) patterns of IV drug user distribution and behaviour; (iv) patterns of homosexual, bisexual and heterosexual behaviour; and (v) health services research.

Descriptors:	*Guides; National Strategies; Global Strategies; Disease Control Surveillance; Medical Care*
Source:	World Health Organization Global Programme on AIDS 1211 Geneva 27 Switzerland

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World Health Organization. Global Programme on AIDS. *Statement on screening of international travellers for infection with human immunodeficiency virus.* Geneva, 1988. Brochure. (WHO/GPA/INF/88.3)

This is a set of statements released by the World Health Organization regarding the screening of international travellers for infection with Human Immunodeficiency Virus. It states that no screening programmes of international travellers can prevent the introduction and spread of HIV infection. The diversion of resources towards HIV screening of international travellers and away from educational programmes, protection of blood supply and other measures to prevent parenteral and perinatal transmission, will be difficult to justify in view of the epidemiological, legal, economic, political, cultural and ethical factors mitigating against adoption of such a policy. No screening programme for international travellers could be implemented, without first considering a host of questions: (i) Who would be screened: citizens returning from abroad? Low risk persons such as children or the elderly? Special groups such as pilgrims, political delegations, members of religious orders, business travellers, students, military personnel, workers, government officials, trade delegations? (ii) Where would screening take place: at the port(s) of entry or departure? Would screening occur at all border crossings? (iii) When and how often is screening required: how long before a trip should a test be performed? How often would frequent travellers – such as those crossing borders daily or weekly – be tested? (iv) What laboratory test or tests would be used: which test method would be used? How would quality control of reagents and test performance be assured? (v) How would results be verified: positive tests require repetition and confirmatory/supplementary verification. How would false positives be handled? (vi) How would data be managed: the volume of testing would be very large and data management would have to be capable of handling this information without mismatching and other errors; (vii) What are the legal and ethical considerations: screening programmes raise complex legal and ethical issues, especially given the important social and personal consequences of HIV infection; (viii) What are the direct costs of screening: direct costs would include the testing itself (including repeat and supplemental tests) and the organization needed to maintain and monitor the screening activity. It is estimated that testing of all travellers would cost several billion dollars annually – more than currently spent on all HIV prevention programmes worldwide. Additional costs would weigh most heavily upon poorer travellers; (ix) What are the indirect costs of screening: Indirect costs could include declining tourism and international commerce, the development of a "black market" in meaningless 'AIDS-free' certificates, a false sense of security, and the diversion of resources away from truly effective HIV prevention programmes.

World Health Organization claims that HIV screening of international travellers are ineffective and impractical for many reasons. Since HIV infection is already present in every region and in virtually every major city in the world, even total exclusion of all travellers (foreigners and citizens travelling abroad) cannot prevent the introduction and spread of HIV. Tests to determine HIV infection are not perfect. Not all HIV-infected persons will have a positive test. Also, persons recently infected with HIV (especially during the past few months) are likely to have a negative test. As those with early HIV infection would test negative, they would be given a "clean bill of health" yet can transmit HIV. Tests will also result in false positive results (person not infected but test positive). In fact, in a population with relatively few HIV-infected people, a 'positive' result is more likely to be a 'false positive' than a 'true positive'. This can lead to confusion and personal distress and problems for the person who is not actually infected but whose initial HIV test is positive. Lastly, hundreds of millions of persons cross international borders each year, by boat, air, rail, motor vehicle and foot.

Descriptors:	*Statements; Tourists; Human Immunodeficiency Virus; Disease Screening*
Source:	World Health Organization Global Programme on AIDS 1211 Geneva 27 Switzerland

54

World Health Organization. Global Programme on AIDS and Programme of STD. *Consensus statement from consultation on partner notification for preventing HIV transmission*, Geneva, 11-13 January 1989. Geneva, 1989. (WHO/GPA/INF/89.3)

During the past year, increasing interest has been expressed by many countries in partner notification as a method for targeting information and education to those at highest risk of HIV infection – the sexual and injection equipment-sharing partners of persons with HIV infection. Partner notification is similar to 'contact tracing', the practice of identifying, counselling and treating sexual partners of persons with STD as a component of STD control programmes. However, HIV infection differs in important ways from many other STD. This set of guidelines or consensus statements refer to the potential role of partner notification activities as part of comprehensive AIDS prevention and control programmes. These statements include the following: (i) Partner notification can contribute to two objectives of the Global AIDS Strategy (prevention of HIV transmission and reduction of morbidity and mortality associated with HIV infection) by: (i) identifying individuals who have been exposed to HIV infection sexually or by sharing injection equipment, and informing them of the risks to which they have been exposed, so that they can be offered counselling and other services; (ii) Partner notification as a part of a comprehensive AIDS prevention and control programme is acceptable only if the following principles are adhered to. Partner notification should: (a) be in accordance with the Global AIDS Strategy and national AIDS Strategy and national AIDS programme goals; (b) respect the human rights and dignity of the partners and the index person; (c) be a balanced part of a comprehensive AIDS prevention and control programme and be co-ordinated in the context of primary health care with other public health activities such as programmes on STD, maternal and child health, family planning and substance abuse prevention; (d) be voluntary and not coercive, and index persons and their partners should have full access to available services independent of their willingness to co-operate with partner notification activities; (e) be confidential, including written records, locating information for partners, and, in provider referral, the identity of the index person. Nevertheless, in an occasional provider referral situation such as where an index person has had only a single partner, the identity of the index persons may be able to be inferred; (f) be undertaken only when appropriate support services are available to index persons and partners; the minimum requirements are counselling on the implications of having been exposed to infection, the availability of voluntary, confidential HIV testing with pre- and post-test counselling and appropriate health and social services; the quality of these services should be assured and regularly monitored.

In considering the decision to undertake partner notification as part of a comprehensive AIDS prevention and control programme, the following key local and national variables must be taken into account: epidemiology, resources, local environment and existing AIDS prevention and control activities. The following methodological issues should also be considered before implementing a partner notification programme: programme issues, index person issues and partner issues. Additionally, to assess the efficiency of partner notification activities and to assure their quality, a variety of programme measures should be monitored. The basic research questions concern the effectiveness of partner notification as a component of a comprehensive AIDS prevention and control programme. Further scientific information which may be of programmatic importance includes factors which influence the efficiency of HIV transmission (e.g., stage of infection, coexistence of other STD) and therapeutic modalities of early HIV infection. On the special level, research could help to establish whether particular risk behaviours and/or ethnic and cultural groups provide especially favourable or unfavourable settings for partner notification efforts. In addition, prospective surveys of knowledge, attitudes, beliefs and practices of the population, index persons and notified partners could provide important assessment information.

Descriptors:	*Statements; Sex Partners; Partner Notification*
Source:	World Health Organization Global Programme on AIDS 1211 Geneva 27 Switzerland

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World Health Organization. Global Programme on AIDS and Programme of STD. *Consensus statement from consultation on sexually transmitted diseases as a risk factors for HIV transmission,* Geneva, 4-6 January 1989. Geneva, 1989. Leaflet. (WHO/GPA/INF/89.1)

This set of statements released by World Health Organization refer to sexually transmitted diseases (STD) as a risk factor for HIV transmission. Recent studies have suggested that STD, particularly those which cause genital ulceration may facilitate the transmission of the HIV. The document cites evidences for this association and identifies research priorities in this area. Among these research priorities include the effects of STD on HIV transmission, research for innovative strategies for control of Genital Ulcer Disease (GUD), studies of epidemiology and biology of STD as pertains to HIV-1 transmission and the effect of HIV-1 on STD; basic research on techniques for assessing sexual behaviour; and biology of sexual transmission of HIV-1 and STD. With regard to recommendations on strategic and programmatic aspects, the document presents the following recommendations: (1) The global importance of STD, including complications and sequelae particularly in women and newborns, as well as the emergence of the HIV pandemic, mandate the development and strengthening of STD control programmes, in all countries and at all levels. For example, in countries where effective STD control does not yet exist, STD interventions should be established and integrated into already existing primary health care infrastructures; (2) The AIDS pandemic further emphasizes the urgent need for increased support for broad programmes of STD prevention, control and research. At the national and international level, STD and AIDS prevention and control programmes should work together to develop strategies and effective means of programme interaction and mutual support; (3) As modes of transmission are similar, primary prevention of either STD or sexual transmission of HIV will help to reduce transmission of the other. For example, behavioural interventions including condom promotion will help reduce both STD and sexual transmission of HIV and persons at high risk for HIV infection can be reached through STD services for preventive intervention; (4) STD and AIDS programmes need to take into account the emerging evidence on GUD and HIV-1, as early and adequate management of GUD may contribute to reducing HIV-1 transmission; (5) The World Health Organization is requested to consider co-ordinated action to address the policy, programmatic and research issues discussed in this document.

Descriptors: *Statements; Sexually Transmitted Diseases; Research Needs; Medical Research; Disease Transmission*

Source: World Health Organization
Global Programme on AIDS
1211 Geneva 27
Switzerland

56

World Health Organization. Global Programme on AIDS/International Labour Office. *Report of the consultation on AIDS and the workplace*, Geneva, 27-29 June 1988. Geneva, 1988. 21 p. (WHO/GPA/DIR/88.4)

The purpose of this document is to provide guidance for those considering issues raised by HIV/AIDS and the workplace. It is estimated that approximately 90 per cent of the 5-10 million HIV-infected persons worldwide are in the economically productive age-group. Therefore, it is natural that questions are asked about the implications of HIV/AIDS for the workplace. These guidelines include the following: (i) protection of the human rights and dignity of HIV-infected persons, including persons with AIDS, is essential to the prevention and control of HIV/AIDS. Workers with HIV infection who are healthy should be treated the same as any other worker. Most people with HIV/AIDS want to continue working, which enhances their physical and mental well-being and they should be entitled to do so. They should be enabled to contribute their creativity and productivity in a supportive occupational setting; (ii) consistent policies and procedures should be developed at national and enterprise levels through consultations between workers, employers and their organizations, and where appropriate, governmental agencies and other organizations. It is recommended that such policies be developed and implemented before HIV-related questions arise in the workplace; (iii) with regard to persons applying for employment, pre-employment HIV/AIDS screening as part of the assessment of fitness to work is unnecessary and should not be required; (iv) with regard to persons in employment, the following should be observed: (a) HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risk behaviours) or asking questions about tests already taken; (b) confidentiality regarding all medical information, including HIV/AIDS status, must be maintained; (c) there should be no obligation on the employee to inform the employer regarding his or her HIV/AIDS status; (d) persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from stigmatization and discrimination by co-workers, unions, employers or clients. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection; (e) employees and their families should have access to information and educational programmes on HIV/AIDS, as well as to relevant counselling and appropriate referral; (f) HIV-infected employees should not be discriminated against including access to and receipt of benefits from statutory social security programmes and occupationally related schemes; (g) HIV infection by itself is not associated with any limitation in fitness to work. If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made; (h) HIV infection is not a cause for termination of employment. As with many other illnesses, persons with HIV-related illness should be able to work as long as medically fit for available, appropriate work; (i) in any situation requiring first aid in the workplace, precautions need to be taken to reduce the risk of transmitting blood-borne infections, including hepatitis B. These standard precautions will be equally effective against HIV.

Descriptors: *Work Environment; Statements; Health Promotion; Human Rights; Employees; Employers*

Source:
World Health Organization
Global Programme on AIDS
1211 Geneva 27
Switzerland

57

World Health Organization/International Council of Nurse. *Guidelines for nursing management of people infected with Human Immunodeficiency Virus (HIV).* Geneva, 1988. 42 p. (WHO AIDS series 3)

This book presents guidelines prepared to assist nurses who face the challenge of caring for HIV-infected persons and their families. Developed by the World Health Organization in collaboration with the International Council of Nurses, the book provides a clear and explicit guide to the precautions needed to prevent the transmission of HIV in health care settings. In view of the major role that nurses are asked to play in caring, counselling, and educating, the book gives particular attention to the special skills needed to care for patient and help them and their families cope with the illness throughout the different phases of the disease. The book opens with background information about the origins and spread of the AIDS epidemic, followed by an outline of the different epidemiological patterns of the disease found in different geographical regions. Readers are then given a factual summary of what is known about the pathogenesis of AIDS, its complex clinical manifestations, and its sexual, parenteral, and perinatal transmission.

The most extensive chapter is devoted to a step-by-step explanation of the professional nursing skills needed to provide optimal nursing care, to prevent HIV transmission in the hospital, clinic, or community setting, and to protect the health of nurses and other health care providers. Specific topics range from the importance of confidentiality in counselling to the sensitive question of whether children infected with HIV should be immunized. It also gives guidance on the universal precautions to follow in relation to blood and other body fluids, injections and skin-piercing, laboratory specimens, invasive procedures, laundry, blood spills, and the disposal of infected wastes. While stressing that the risk of acquiring HIV from infected patients is extremely low, the book also identifies situations in nursing care where special precautions are required. The book concludes with a series of annexes presenting the ICN/WHO Declaration on AIDS and offering guidance on questions of screening and testing programmes, breast-feeding, routine childhood immunization, neuropsychiatric aspects of infection, and the social aspects of AIDS prevention and control programmes.

Descriptors: *Guides; Nurse; AIDS Patients; Medical Care; Counselling*

Source: World Health Organization
Distribution and Sales
1211 Geneva 27
Switzerland

58

World Health Organization. Special Programme on AIDS. *Counselling in HIV infection and disease.* Geneva, 1988. Leaflet.

This is a set of guidelines with regard to the role of counselling in preventing the spread of HIV through attitudinal and behavioural changes. The guidelines first defines that counselling is, i.e. it is a process that can help people understand better and deal with their problems and communicate better with those with whom they are emotionally involved. Counselling not only provides information and education in a personal manner, but it helps HIV-infected persons and those associated with them come to terms with their situation and accept and carry through their responsibilities. The need for counselling arises in the following circumstances related to HIV and AIDS. Individuals considering being tested or screened for HIV infection need to be carefully prepared and supported. They need to know the facts about testing and its implications. Their decisions should be founded on correct information. Counselling is vital when a test shows HIV infection. It helps deal with the resultant fear and anxiety and often hostile attitudes on the part of both the patient and the patient's family, friends and other loved ones. HIV-infected but otherwise healthy persons may experience more stress than those who already have AIDS. They will often need special care and support. Counselling is needed as an integral part of the management of stress and as a means of motivating them towards positive behaviour change. As HIV-related diseases develop, medical needs must be met quickly and efficiently. A function of a counselling service will be to mobilize support and refer patients to medical care and other services that can help maintain hope, dignity and quality of life. AIDS and other HIV-related diseases can result in unemployment, loss of educational possibilities, and other social handicaps. Counselling can help to reduce such effects. It can help to mobilize the continuing medical and psychosocial support that patients and those who are caring for them need. Sometimes a person may be infected but cannot or will not be tested. People with risk behaviour, such as intravenous drug users and prostitutes, need to be counselled and helped to behave in ways that will reduce their risk of contracting HIV infection or passing it on to others. Counselling is also useful for those who are tested and found not to be infected. They too need to be advised about what they should do to avoid HIV infection. Health workers, family, friends, all who come into regular social or professional contact with HIV-infected persons and AIDS patients, can benefit from counselling and the support it provides.

Education and counselling services should be targetted to those people whose behaviour increases their risk of becoming infected with HIV, e.g. homosexual and bisexual men, male and female prostitutes, men and women with many sexual partners, intravenous drug users and their sexual partners. They need to learn accurately the nature of the disease, how it is transmitted and how infection with HIV can be prevented. Risk reduction needs to emphasize that the main route of HIV transmission is sexual contact, intravenous drug users are at high risk because they often share needles and syringes; any skin-piercing (including injection, ear-piercing, tattooing, and acupuncture) can transmite the virus if the instruments used have not been sterilized and have previously been used on an infected person and women who are pregnant and infected with AIDS virus can transmit HIV infection to their unborn children. The guidelines stress that counselling is a vital part of all strategies for preventing and controlling AIDS. It not only helps those who are already infected adapt to their problem but also helps prevent the further spread of HIV infection. Counselling needs to be integrated with all HIV testing, screening, and medical care programme. Counselling has to be recognized as an integral part of all health care programmes and activities for HIV control and prevention. Large numbers of people need to be trained in the skills of counselling. New training programmes should be instituted. Existing programmes in counselling will need to include training on HIV infection and AIDS. Moreover, counselling services should be readily available and accessible.

Descriptors: *Guides; Counselling*

Source: World Health Organization
Global Programme on AIDS
1211 Geneva 27
Switzerland

59

World Health Organization. Special Programme on AIDS. *Screening and testing in AIDS prevention and control programmes.* Geneva, 1988. Brochure. (WHO/SPA/INF/88.1)

This is a set of guidelines released by the World Health Organization regarding screening and testing in AIDS prevention and control programmes. It defines screening as the examination of tentative populations or groups within population to determine their infection or disease status. Testing is the determination of infection or disease status for an individual. This set of guidelines include the following: (1) Screening programmes for HIV infection can help prevent transmission through blood supplies, semen, tissues,or organs for transplant; and obtain epidemiological information on HIV prevalance or incidence; (2) Whenever a screening programme is under consideration, all the issues raised by the expert meeting should be explicitly addressed and resolved. Poorly designed or implemented HIV-screening programmes will be detrimental to public health, and will waste resources. Public health needs and human rights will be best served by carefully considering the entire range of technical, logistical, social, legal and ethical issues before deciding whether to proceed with any screening programme; (3) Mandatory screening for HIV has only a very limited role in programmes for AIDS prevention and control. Mandatory screening of donors is useful to prevent HIV transmission through blood, semen, or other cells, tissues or organs. This screening should involve informed consent and counselling and should ensure confidentiality; (4) Serosurveys help clarify the epidemiological pattern of HIV, which is useful to assess the areas and groups that need specific educational programmes or other preventive services. These surveys can be conducted using methods that do not threaten human rights. Such surveys can either involve informed consent and counselling and ensure confidentiality or they may be anonymous (no record of name or other specific identifiers; (5) Voluntary HIV testing may form part of medical care for suspected HIV-related illness and may also be provided as a service to individuals in conjunction with information and education, counselling and other support services to help promote sustained behaviour change. Voluntary HIV testing should involve informed consent and counselling and should ensure confidentiality; (6) Voluntary HIV testing services should be made widely available as part of AIDS prevention and control programmes, and access to such services should be facilitated.

Descriptors: *AIDS Antibody Tests; Disease Screening; Guides*

Source:
World Health Organization
1211 Geneva 27
Switzerland

60

World Health Organization. Special Programme on AIDS. *Social aspects of AIDS prevention and control programmes.* Geneva, 1988. Brochure

This is a set of guidelines released by the World Health Organization regarding the social aspects of AIDS prevention and control programmes. It includes three specific guidelines, namely: (1) AIDS prevention and control strategies can be implemented effectively and efficiently and evaluated in a manner that respects and protects human rights; (2) There is no public health rationale to justify isolation, quarantine, or any discriminatory measures based solely on the fact that a person is suspected or known to be HIV infected. The modes of HIV transmission are limited (sex, blood, mother-to-child) and HIV spreads almost entirely through identifiable behaviours and specific actions which are subject to individual control. In most instances, the active participation of two people is required for HIV transmission, such as in sexual intercourse and in sharing contaminated needles or syringes. However, spread of HIV can also be prevented through the health system (e.g., by ensuring the safety of blood, blood products, artificial insemination and organ transplantation, and preventing reuse of needles, syringes and other skin-piercing or invasive equipment without proper sterilization). HIV infection is not spread through casual contact, routine social contact in schools, the workplace or public places, not through water or food, eating utensils, coughing or sneezing, insects, toilets or swimming pools. Persons suspected or known to be HIV-infected should remain integrated within society to the maximum possible extent and be helped to assume responsibility for preventing HIV transmission to others. Exclusion of persons suspected or known to be HIV-infected would be unjustified in public health terms and would seriously jeopardize educational and other efforts to prevent the spread of HIV. Furthermore, discriminatory measures create additional problems and cause unnecessary human suffering. The avoidance of discrimination against persons known or suspected to be HIV-infected is important for AIDS prevention and control; failure to prevent such discrimination may endanger public health; (3) Determination of an individual's HIV-infection status may occur through medical examination for suspected HIV-related illness, voluntary testing programmes, screening of blood donors, or in other settings. Testing for the purpose of determining an individual's HIV-infection status should involve informed consent and counselling and should ensure confidentiality.

Descriptors: *Statements; Social Aspects; Disease Control*

Source:
World Health Organization
1211 Geneva 27
Switzerland

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